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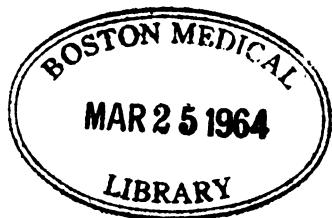
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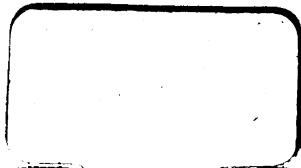
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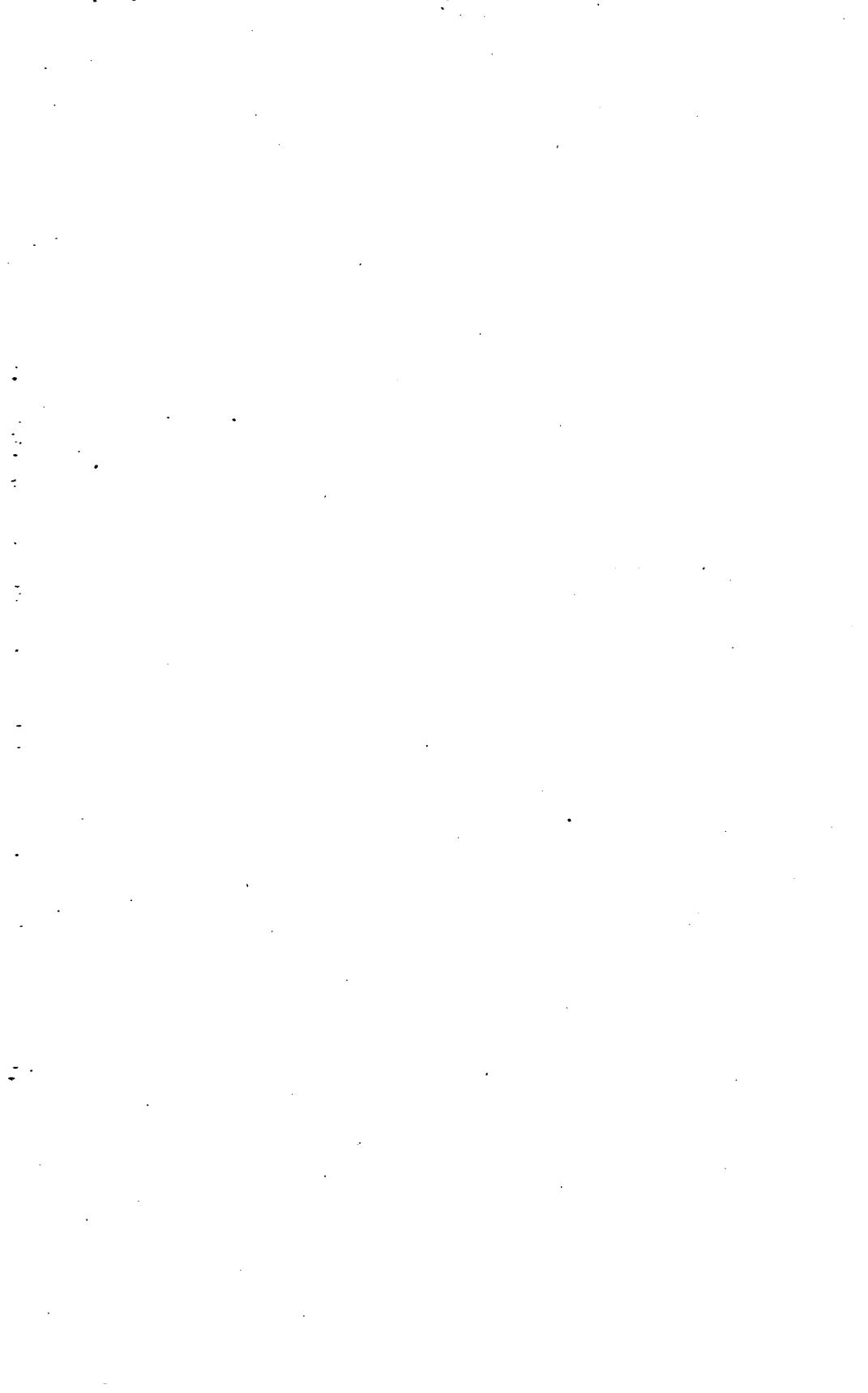
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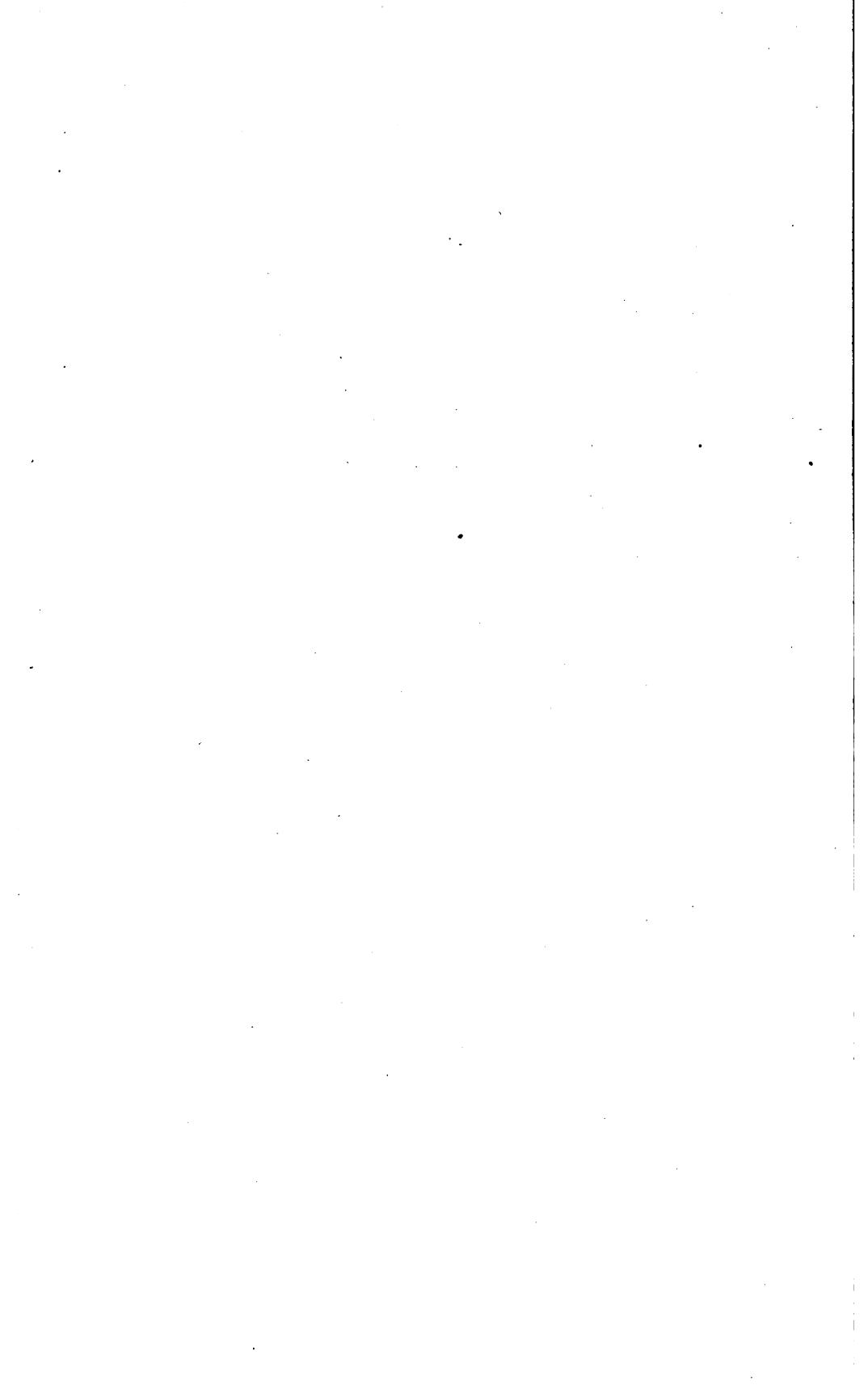
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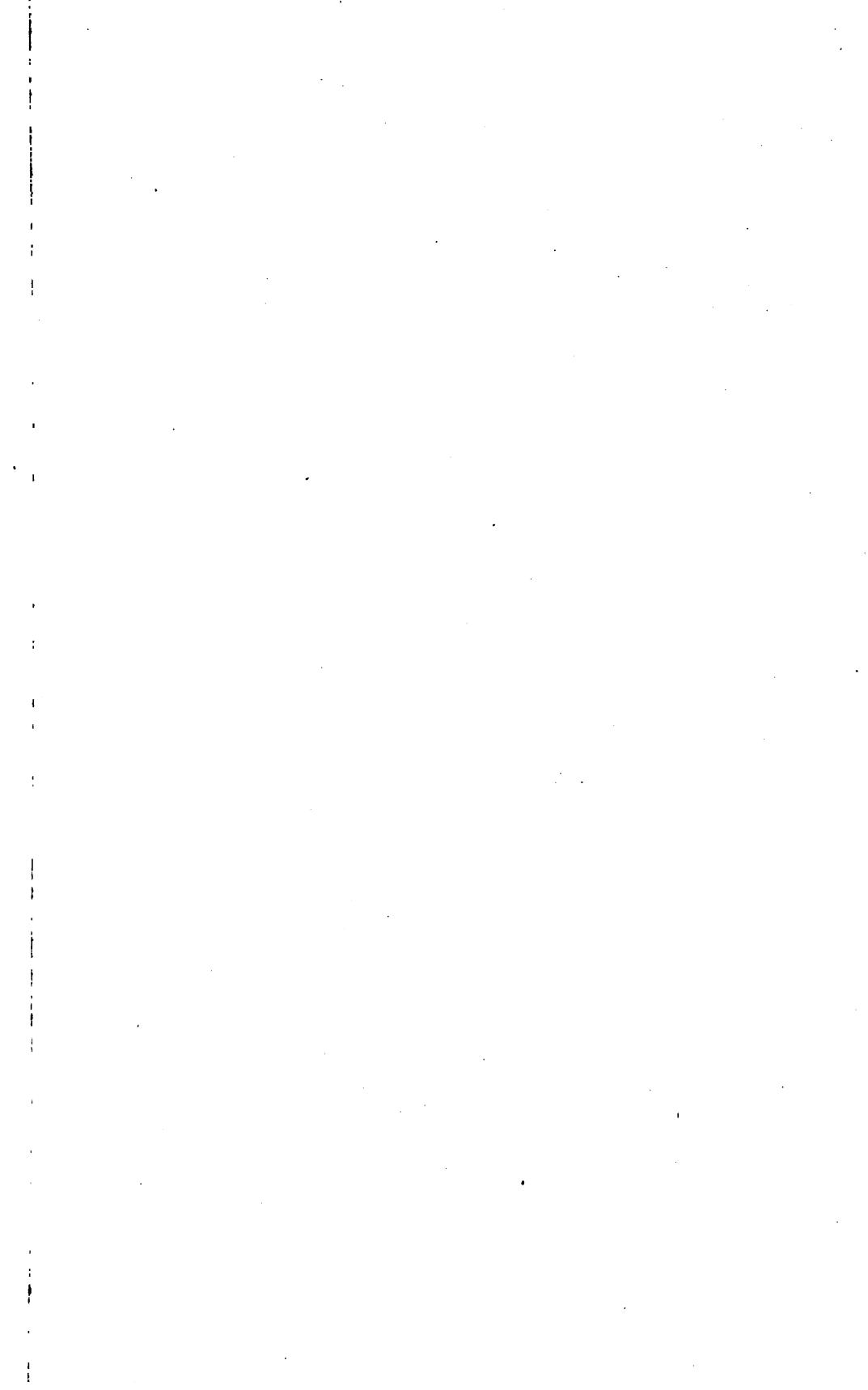


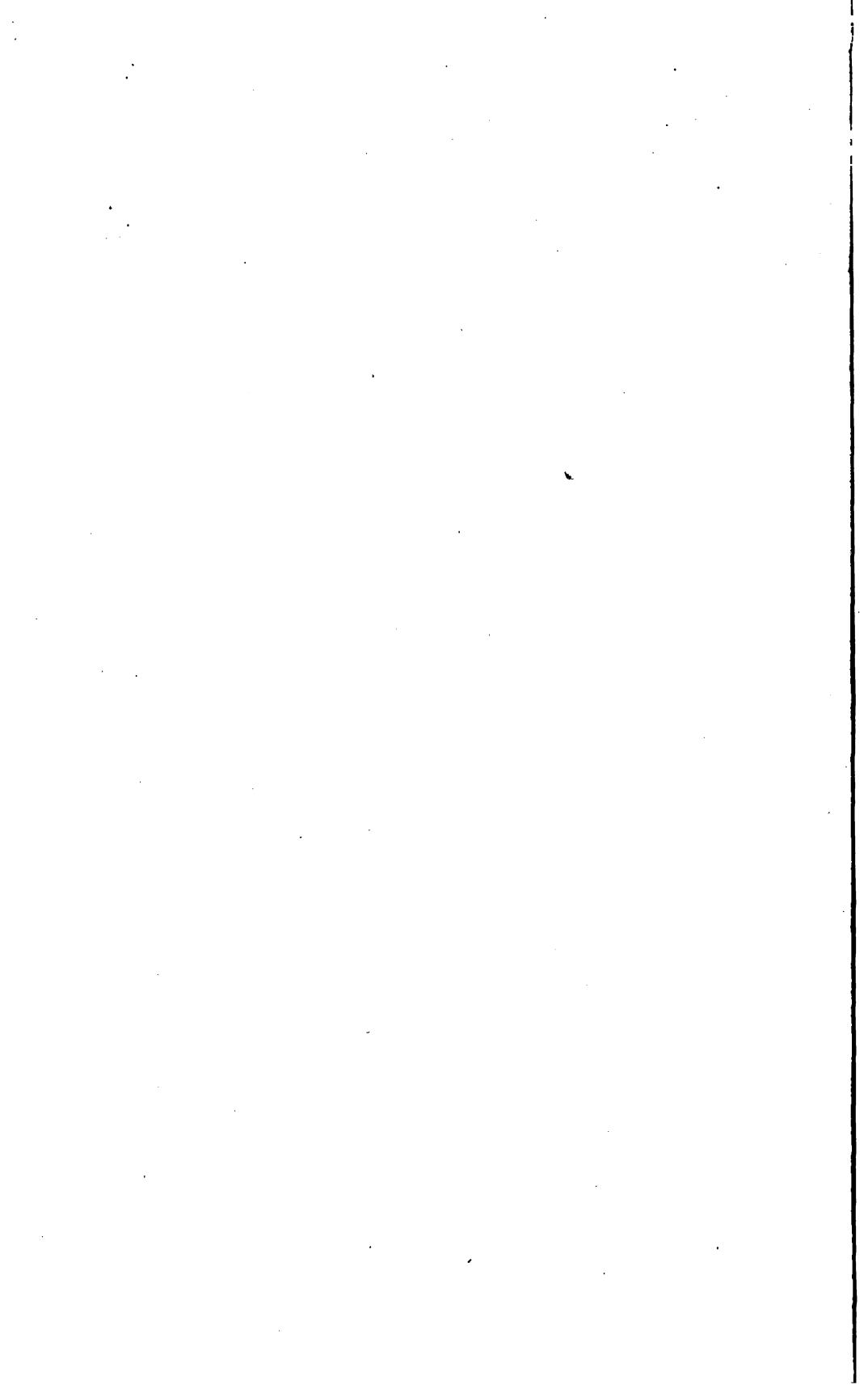
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DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS
SAM. L. ROGERS, DIRECTOR

MANUAL
OF THE
INTERNATIONAL LIST
OF
CAUSES OF DEATH

BASED ON THE SECOND DECENTRIAL
REVISION BY THE INTERNATIONAL
COMMISSION, PARIS, JULY 1 TO 3, 1909

THIRD REPRINT



WASHINGTON
GOVERNMENT PRINTING OFFICE
1918

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LETTER OF TRANSMITTAL.

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS,
Washington, D. C., January 15, 1918.

SIR:

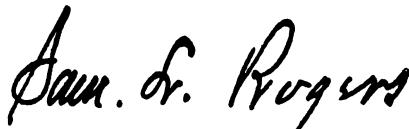
This is the third reprint of the Manual of the International List of Causes of Death, published originally in 1911. The Manual has proved very useful to American registration offices, from which the Bureau of the Census obtains transcripts of certificates of death for its annual compilations of mortality statistics, and it is used by many health officers of states and cities, by individual physicians and medical directors of life insurance companies engaged in the investigation of causes of death, by hospitals, by the Medical Department of the Army, and by the medical services of the Philippine Islands (in accordance with a request of the governor to the Bureau of Insular Affairs).

The second reprint (in 1916) was from the original plates, with the exception of the Appendix, which was rearranged alphabetically on account of the addition of many new terms. There were also a few changes in classification, in addition to those in the first reprint, some of which were made by agreement with the office of the Registrar-General of England and Wales, which published a similar Manual in 1912.

The third reprint of the Manual is exactly like the second, inasmuch as it has been thought unwise at this time to add any new terms or to revise the Manual in any way, in view of the fact that extensive revision will probably be necessary after the decennial consideration of the International List of Causes of Death by an international committee in 1919.

The original Manual and the first reprint were prepared under the supervision of Dr. Cressy L. Wilbur; the second reprint under the supervision of Mr. Richard C. Lappin, formerly Chief Statisticians for Vital Statistics. The present reprint has been submitted by Dr. William H. Davis, Chief Statistician for Vital Statistics of the Bureau of the Census.

Respectfully,



Director of the Census.

To Hon. WILLIAM C. REDFIELD,
Secretary of Commerce..



INTRODUCTORY.

The progress of what is known as the International Classification of Diseases and Causes of Death is most remarkable. It can be explained only by the fact that there was a widely recognized need for national and international uniformity of classification, and that the system proposed met fairly well the demands of registration offices and of the users of mortality statistics and proved capable of progressive development as those demands changed with the advance of medical knowledge.

As late as 1893 no two countries in the world employed precisely the same forms and methods for the statistical classification of causes of death, the compilation of which is universally regarded as of the utmost importance for the advancement of sanitary science and practice. This lack of uniformity rendered the statistical results of such classification incomparable, and it was imperative that an effort be made to remedy this defect.

The past 18 years have seen the successful accomplishment of this task, at least to a degree that warrants the most sanguine hopes of ultimate success and of the early approach of the time when all nations shall be in agreement in this respect. At the session of the International Statistical Institute held at Chicago in 1893, the eminent French demographer, Dr. Jacques Bertillon, presented on behalf of a special committee appointed for the purpose a draft of a classification for international use. This draft was promptly adopted by several countries and was earnestly recommended by the American Public Health Association for use in the United States by resolutions passed at the session of Ottawa, 1898. The resolutions also suggested the propriety of keeping the classification abreast of scientific progress by means of a regular decennial revision by an International Commission appointed by the various countries employing the system. This suggestion was approved by the International Statistical Institute and two sessions of the International Commission have been held, one in 1900 and one in 1909, the latter having been advanced a year at the special request of the Bureau of the Census in order that the revised classification might be available for use in connection with the statistics for the census year 1910. Both sessions were held at Paris, having been convened by the Government of France, to which and to the permanent Secretary General, Dr. Bertillon, for his assiduous labors, the most cordial gratitude is due for the present success of the movement.

The measure of this success may be inferred from the large number of countries represented at the two sessions, as given in the official reports of the proceedings, although all countries that employ the classification were not represented by delegates in 1909. In a paper before the Fourteenth International Congress of Hygiene and Demography, held at Berlin in 1907, Dr. Bertillon estimated that the system was in effect for over 212 millions of population. This estimate was a very conservative one, the United States being credited with only the population (33.1 millions) shown for the registration area in 1904. Since the meeting of 1909 the very important accession of Great Britain has been received, as announced in the letter of Hon. Bernard Mallet, Registrar-General of England and Wales, transmitting his annual report for 1909:

The next change will be the substitution of the recently revised International List of Causes of Death for that at present in use in this office. When it was determined to publish mortality statistics on an extended scale for administrative areas, it became necessary to consider how to avoid the anomaly of the use of a different classification of causes of death in these reports from that in use by the local sanitary authorities concerned. The solution of this difficulty has been found in the adoption, by all concerned in the matter, of the proposal contained in the following letter which I addressed on the 20th of October last to the President of the Royal College of Physicians:-

"I beg to inform you that from the commencement of the year 1911 onwards I propose to adopt the International List of Causes of Death in the various publications issued by this office in place of that hitherto in use.

"This decision, which was foreshadowed in my Annual Report for 1908 (page lxxv), has been arrived at after consultation with the Medical Officer of the Local Government Board and with representatives of the Scottish and Irish General Register Offices. Ample precautions will be taken in the scheme of publication to provide for complete comparability of the new records with those published in the present form, so that the continuity of the records concerned will be unimpaired.

"The change of classification will greatly facilitate international mortality comparisons, and there is, moreover, every reason to anticipate that it will for the first time render possible complete comparability between the tables compiled in this office and those issued by local authorities."

The acceptance of this proposal will bring the publications of the General Register Office, of the Local Government Board, and of the local sanitary authorities into line, not only with one another, but also with those of the principal Colonies and of most foreign countries both in North and South America and on the Continent of Europe, in which the International List is already in use. I may add that copies of the International List as now adopted have been forwarded to the Colonial Office for distribution to the various authorities concerned throughout the Empire.

Many countries, among them the United States, that have expressed their cordial approval of the International List and have adopted it for practical use so far as material is available for the statistical compilation of causes of death, do not enforce the complete registration of deaths throughout their entire territory. This is not the case, however, in the British possessions, for as an almost invariable rule there is thorough registration of vital statistics wherever the British flag flies. The addition of the British Empire is thus a most important one, even apart from the prestige and traditions of the home office, with its memories of William Farr. All

the English-speaking and Spanish-speaking countries of the world are now united in the adoption of the International List. The entire Western Hemisphere, including North, Central, and South America; Australia and New Zealand; China, Japan, and British India in Asia; Egypt, Algeria, and South Africa in Africa; and many countries of Europe are now, or soon will be, represented among those thus seeking international uniformity. Progress during the present decade should be even more gratifying, and by the time of the Third Decennial Revision, which is to be made in 1919, it may be hoped that all countries will join in the movement.

PURPOSE AND SCOPE OF THE MANUAL.

As soon as possible after the receipt of the French edition of the Second Decennial Revision of the International Classification, a translation of the French text and index was made and published under the title of "International Classification of Causes of Sickness and Death." In the Introduction of this work appeared the following statement relative to the old Manual of 1902 and the present or revised Manual:

The Manual of International Classification of Causes of Death issued by the Bureau of the Census in 1902 has been employed very generally by those state and city registration officials of the United States who are charged with the compilation of mortality statistics. By its use a much greater degree of comparability has been brought about in the statistics of causes of death. The Second Decennial Revision of the International Classification, which took place at Paris, July 1 to 3, 1909, at the invitation and under the auspices of the French Government, will make necessary a new edition of the Manual, so that it may serve as a guide to American registration officials for the 10 years beginning January 1, 1910.

The revised Manual, it is expected, will be a work of far more useful and authoritative character than the old one. It will contain (1) the terms of the French list, or at least as many of them as may be used properly in English; (2) the terms found upon medical certificates of causes of death as reported by American physicians; (3) the terms of the Nomenclature of Diseases of the Royal College of Physicians of London, for over 40 years the authoritative guide of English physicians in regard to the proper designation of diseases and causes of death; and (4) those of the Bellevue Hospital Nomenclature of Diseases and Conditions. In its preparation the assistance of the Committee on Nomenclature of the American Medical Association will be of special value. The members of this committee are: Dr. Frank P. Foster, *chairman*, New York; Dr. J. Chalmers Da Costa, Philadelphia; Dr. W. A. Newman Dorland, Philadelphia; Dr. Alexander Duane, New York; and Dr. Victor C. Vaughan, Ann Arbor. The committee is operating under the following resolutions unanimously adopted by the House of Delegates of the American Medical Association on June 3, 1908:

"Resolved, By the American Medical Association:

"1. That the International Classification of Diseases and Causes of Death be recommended for all official mortality and morbidity statistical reports.

* * * * *

"5. That after the revision of the International Classification in 1910 [date changed to 1909] the Nomenclature of Diseases be recast in corresponding form, so that there will be available under a uniform arrangement and with precise agreement in the meaning of terms (1) International Classification of Causes of Death; (2) International Classification of Sickness and Disability; (3) International Nomenclature of Diseases and Injuries."

The present Manual has been prepared according to the plan indicated, and is intended to replace as a practical reference work for registration officials both the old "Manual of International Classification," published in 1902, and also the translation of the French text or "International Classification of Causes of Sickness and Death," published in 1910. It may be referred to as the "revised Manual," which is a more convenient expression than the "Manual based upon the (Second) Revised Classification." The word "classification" has been dropped in the title—although it seems impossible to disuse this word entirely in writing upon the subject—and the distinctive title adopted of "Manual of the International List of Causes of Death." This is done for the reason, explained more fully below, that the system is merely a practical one for the statistical treatment of causes of death and makes no claim to consideration as a scientific classification of diseases.

The translation of the official French version of the results of the International Commission of 1909 was taken as the basis of the present Manual. As stated in the text of the "International Classification of Causes of Sickness and Death," as given below, many common terms were not found therein and it was necessary to supplement its use with that of the old Manual:

Many terms that frequently occur in the usage of American physicians will not be found in the Index or Tabular List. It was recognized by the International Commission that a special list would have to be prepared for each language, as there are many expressions in English, for example, for which no equivalents exist in French medical nomenclature, and vice versa. Until a complete and thoroughly comprehensive Index can be prepared, in connection with the revised edition of the Manual, it will be necessary to use the present Index in conjunction with that of the old edition of the Manual.

Such a comprehensive list was formed by adding to the terms that appeared in the translation of the French list many other terms derived from the Nomenclature of Diseases of the Royal College of Physicians of London (fourth edition, being the third decennial revision, 1906); from the Nomenclature of Diseases and Conditions of Bellevue and Allied Hospitals, New York; and from the lists of terms found among the returns to the Bureau of the Census. Terms from these sources were brought together into a single list, alphabetically arranged, with the International List number indicated, and were thus compared, with the elimination of some minor differences of form, before rearranging under the titles of the detailed International List. This comparison was no light task, the combined index comprising 1,044 typewritten pages of over 30 lines to a page, completely cross-indexed so that all the various relations of the terms would be indicated, and with the source of each expression indicated

as coming from the French, Census, Bellevue, or English lists (by initials "F," "C," "B," and "E"). Thus, for example:

Tuberculosis 28 FCBE
abdominal 31 FC
acute 29 FC
articular 33 C •
axillary 34 C
bronchial 28 C
bronchopneumonic, acute 29 B

of intestines 31 CBE
joint 33 CBE
kidney 34 CBE
knee 33 C
larynx 28 FCBE
etc., etc.

The assignments to the International List were determined with the aid of sets of assignments of the terms of the London and Bellevue Nomenclatures prepared by Dr. Wilmer R. Batt, State Registrar of Pennsylvania, and by Dr. William H. Guilfoy, Registrar of Records of New York City, in addition to the decisions made in this bureau. Acknowledgment should be made especially of the valuable assistance furnished by the Committee on Clinical Records of Bellevue and Allied Hospitals of New York City, which consists of Drs. Robert J. Carlisle, Warren Coleman, Thomas A. Smith, and Edmund L. Dow. Numerous conferences have been held with this committee, complete agreement has been reached as to the assignment of all terms included in the Bellevue Nomenclature, and an entire rearrangement of the latter in the order of the International List is now available in the revised edition just published (1911)¹ that will be most serviceable for the promotion of uniformity in hospital statistics throughout the United States. The constant interest and aid of Dr. Frank P. Foster, Chairman, and other members of the American Medical Association's Committee on the Nomenclature of Diseases have been extended, and valuable suggestions have been received from Dr. T. H. C. Stevenson, Medical Superintendent of the General Register Office of England and Wales, some of them as the result of a special conference with Dr. Bertillon at Paris since the date of the revision. Dr. Stevenson also kindly transmitted a typewritten copy of the Tabular List of the English Manual now in preparation, which has been compared with the Tabular List of the present work. The extremely valuable services of Mr. George H. Van Buren, section chief in the Bureau of the Census, and the staff of clerks engaged under his charge in the editing of causes of death are also deserving of special mention in connection not only with the preparation of the present Manual but also with the former publications on this subject.

¹ Reference (21), p. 45.

NATURE AND USE OF A STATISTICAL LIST OF CAUSES OF DEATH.

No registration office that deals with a considerable number of returns of deaths can present a compilation in which each individual cause will be shown. The number of medical terms employed by physicians is so very great that a table prepared on this basis would be chiefly a list of names of diseases. The length of such a list would preclude the presentation of the important statistical relations of the various causes, and the number of deaths returned for the less common terms would be too few to render the results of statistical value. Moreover, many of the terms would be more or less synonymous, and the actual number of deaths from a given disease could be learned only by examining the entire list of terms.

A process of condensation or consolidation is therefore necessary in compiling statistics of causes of death. A selected list of titles is prepared, and under each title are arranged the various terms which it is agreed shall be referred thereto in compilation. The Tabular List (pp. 47 to 141) is formed by such an arrangement, and careful examination should be made of it by the compiler in order to understand the general character and scope of each of the 189 titles that make up the International List of Causes of Death in its present form.

Such a list might have been arranged in any order—for example, the alphabetical. This plan would have the advantage of avoiding the appearance of a theoretical grouping or “classification” of the causes of death—a matter with which the International List is very little concerned. On the other hand, it would have the disadvantage of separating widely many causes that are frequently studied together, such as the various acute infective diseases, bronchitis and pneumonia, the puerperal affections, etc. On the whole, therefore, the grouping according to the general “classes,” and in a conventional order, is more convenient. It is desirable also to print the International List number with the title, as thereby all uncertainty is removed as to the exact inclusion of the title, regardless of the particular language employed. The process, then, of “classifying” causes of death relates only to the assignment of any given cause to the particular title number, as shown in the Index for all terms that appear in the Tabular List.

The Index is cross-referenced, so that any significant word in a medical expression may be found, a plan which will facilitate reference by those not accustomed to medical terms. Thus “Fatty degeneration of heart” will be found under “Fatty,” “Degeneration,” and “Heart.” In the Tabular List each term appears only once, as a rule, and in its natural order of expression. Subsidiary lists of “Frequent complications” are given under certain titles, thus indicating terms that may be neglected when occurring in combination with the primary cause.

All terms in the Index are supposed to occur in the exact form stated without further qualification or definition. If additional information is obtained, it may lead to a very different reference. Special attention should be paid to the distinctions of assignment according to the ages of decedents. It is unfortunate that special age limits should be required in a list of causes of death; but the tendency is to increase rather than to diminish the number of titles thus affected. In order to promote international comparability and after consultation with Drs. Bertillon and Stevenson, some indefinite terms e. g., "Debility," "Cachexia," and the like, reported without qualification for decedents of 70 years and over, are now assigned to "Senility" (154) instead of to "Ill defined causes" (189) as was formerly the practice of this office. The increase in the age limit of title 151 from "under 3 months" to "under 1 year" will also result in the transfer of a considerable number of deaths from "Ill defined causes," thus causing apparent improvement in the returns. But the title "Senility" itself is really an indefinite one, as is also "Congenital debility" to a considerable extent, so that these changes may be regarded as only transpositions among the groups of ill defined causes and hence of no very great significance.

The words "cancer" and "tumor" are used in a general sense to include all forms of malignant and nonmalignant neoplasms, respectively. Reference should be made to the lists of specific forms under titles 39 and 46 of the Tabular List, and also under the head of "Cancer" and "Tumor" in the Index. Explanations and special lists are given also in the Index under the heads of "Parasitic disease," "Poisoning," "Premature birth," and "Stillbirth"—the last, of course, only for the purpose of insuring exclusion of all stillbirths from deaths.

NOMENCLATURE AND CLASSIFICATION OF DISEASES.

The International List of Causes of Death makes no pretension of being a proper nomenclature of diseases or of including a scientific classification of diseases. It is only a practical working list whereby statistical compilers can assign medical terms reported by physicians as causes of death to certain more or less definite titles representing individual diseases or groups of diseases of similar character. Statistics of causes of death are vitiated to a considerable extent, and sometimes to a very large extent, by the fact that many deaths are reported under what the Committee on Nomenclature of the American Medical Association very graphically calls *certain blind returns*. How applicable this phrase is can be appreciated most fully by those who have puzzled over returns as received in registration offices, and an inspection of the many unsatisfactory and indefinite causes included in this Manual (see Tabular List) will make it clear that reform is

necessary in order to place our statistics of causes of death upon a satisfactory basis.

Nosology, or the scientific classification of diseases, was cultivated with fervor a hundred years ago,¹ and was believed to be a necessary part of the knowledge required for the practical treatment of disease. "The distinction of the genera of diseases, the distinction of the species of each, and often even that of the varieties, I hold to be a necessary foundation of every plan of physic, whether dogmatical or empirical," said Cullen in his "First Lines of the Practice of Physic." The system devised by him came to be the predominant one, although many other systems were presented, among them those of Sauvages, Linnaeus, Vogel, Sagar, Macbride, Young, and Mason Good. All these systems have vanished; the subject is almost entirely neglected at the present day, but its influence may be traced in the forms of statistical lists in present use. Dr. William Farr found the Cullenian system in general use in the public services at the time of the establishment of the modern system of registration of deaths in England. It had not, however, been revised to meet the demands of the advance of medical science and was not suited to statistical purposes. One of Dr. Farr's first duties, therefore, was to prepare a "Statistical Nosology," which had a marked effect upon subsequent classifications, including that of the Second Revision of the International List. Dr. Farr said at that time:²

The advantages of a uniform statistical nomenclature, however imperfect, are so obvious, that it is surprising no attention has been paid to its enforcement in Bills of Mortality. Each disease has in many instances been denoted by three or four terms, and each term has been applied to as many different diseases; vague, inconvenient names have been employed, or complications have been registered instead of primary diseases. The nomenclature is of as much importance in this department of inquiry, as weights and measures in the physical sciences, and should be settled without delay.

As a result of his practical experience with this system Dr. Farr was selected, together with Dr. Marc d'Espine of Geneva, by the First Statistical Congress, Brussels, 1853, to prepare a report upon a classification that might be used in all countries for the statistics of causes of death.³ The resolution to this effect was introduced by Dr. Achille Guillard, a distinguished botanist and statistician, creator of the word "demography," and maternal grandfather of Dr. Jacques Bertillon, to whose efforts the present success of the International List is chiefly due:

Il y a lieu de former une nomenclature uniforme des causes de décès applicable à tous les pays.

¹ See the interesting oration on "The Classification and Nomenclature of Diseases, with Remarks on Diseases Due to Treatment," by Dr. H. D. Rolleston, before the Medical Society of London, *Lancet*, May 22, 1909.

² First Annual Report of the Registrar-General of Births, Deaths, and Marriages in England. London: 1839, p. 99.

³ Sixteenth Annual Report of Registrar-General of England, 1853. Appendix, p. 73.

This was the beginning of the present International List. The classification was adopted in Paris in 1855, in Vienna in 1857, and was translated into six languages. Again revised at Paris in 1864 "*sur le modèle de celle de W. Farr*," and in 1874, 1880, and 1886,¹ the final form² was substantially that which was recommended by the International Statistical Institute,³ the successor of the old Statistical Congress, at Chicago in 1893, and which, after the First Decennial Revision of 1900 and the Second Decennial Revision of 1909, is now the International List in force in a large number of countries for the decade beginning January 1, 1910, and ending December 31, 1919.

The preface of the first edition (1869) of the Nomenclature of Diseases drawn up by a Joint Committee appointed by the Royal College of Physicians of London declares that—

For perfecting the statistical registration of diseases, with a view to the discovery of statistical truths concerning their history, nature, and phenomena, the want of a generally recognized Nomenclature of Diseases has long been felt as an indispensable condition.

* * * * *

Among the great ends of such a uniform Nomenclature must be reckoned that of fixing definitely, for all places, the things about which medical observation is exercised, and of forming a steady basis upon which medical experience may be safely built.

The committee began its labors in 1859, not long after the action of the Statistical Congress in favor of an international classification of causes of death. The successive decennial revisions of this work (dated 1885, 1896, and 1906) have continued to afford a steady basis of authority for British physicians in the use of medical terms and have contributed markedly to the value of the statistical reports relating to causes of death. No such authority has heretofore been available in the United States, and probably owing to this fact, at least in part, the returns of causes of death in this country contain a much larger variety of indefinite causes than do those of England. Efforts in the direction of nomenclature were made, it is true, early in the history of the American Medical Association, and an American Nomenclature of Diseases was actually prepared by a distinguished committee of that association nearly 40 years ago.⁴ The work was discontinued, however, and was not taken up again until within very recent years and in connection with the preparations for the Second Revision of the International List.⁵ Following is the report of the Reference Committee on Hygiene and Public Health to the House of Delegates of the Sixty-second Annual Session of the American

¹ J. Bertillon: *Cours élémentaire de statistique administrative*, 1895, pp. 262 and 264 (Note).

² Reference (1), p. 43.

³ Reference (2), p. 43.

⁴ *Transactions of the American Medical Association*, 1872, Appendix.

⁵ See *Mortality Statistics*, 1907, p. 16, and *Journal of the American Medical Association*, June 15, 1907.

Medical Association, Los Angeles, June, 1911, and also the report of the Committee on Nomenclature and Classification of Diseases to which it refers:¹

REPORT OF REFERENCE COMMITTEE ON HYGIENE AND PUBLIC HEALTH.

Dr. Alexander Marcy, New Jersey, Chairman, presented the report of the Reference Committee on Hygiene and Public Health, as follows:

Your Reference Committee on Hygiene and Public Health begs leave to report having had under consideration the report of the Committee on Nomenclature and Classification of Diseases and recommends the adoption of the report and the continuance of the committee with such additions as may be necessary to complete its full membership, and that said committee be instructed to continue its work in cooperation with other organizations working along the same lines, and that such classification as they may adopt, together with the International Classification of Causes of Death, be published and supplied to the members of the American Medical Association.

We further recommend that in case of a vacancy on this committee such vacancy be filled by a member especially interested in tropical diseases.

ALEXANDER MARCY, Jr., *Chairman.*

On motion, the report was adopted. The nomenclature report referred to was as follows:

REPORT OF THE COMMITTEE ON NOMENCLATURE AND CLASSIFICATION OF DISEASES.

To the Members of the House of Delegates of the American Medical Association:

Your Committee on the Nomenclature and Classification of Diseases begs leave to submit the following report:

Up to a time shortly preceding the rendering of our last report, at the meeting of 1910, our work was hampered by the necessity of waiting for the appearance of the revised version of the International Classification of Causes of Death, for we had been instructed to have due regard for that classification; indeed, early in our labors we were again admonished to follow it closely. This resolution, however, was overlooked by us, and time soon made it clear, for reasons which need not now be set forth, that the resolution could not be followed literally.

We had been very favorably impressed with the Bellevue Hospital Nomenclature of Diseases and Conditions, prepared by a committee consisting of Dr. Robert J. Carlisle, Dr. Warren Coleman, Dr. Thomas A. Smith, and Dr. Edmund L. Dow, which first appeared in 1903, and the appearance of a revision of that work, early in 1909, led us to examine it still more closely. It was not long before a second revision was begun, and our chairman was very courteously invited to observe the progress of the work. This second revision is not yet published, but is in press and will probably be out some weeks before the Los Angeles meeting. The close examination that we have been able to give it leads us to the opinion that, from the clinical point of view, it is superior to any other nomenclature with which we are acquainted and to any which we ourselves could prepare within a reasonable length of time. Moreover, it is very well known and many hospitals have either adopted it or indicated a readiness to study it further, with a view to its probable adoption. These hospitals include 3 in California, 1 in Colorado, 2 in Connecticut, 7 in Illinois, 2 in Louisiana, 1 in Maryland, 2 in Massachusetts, 4 in Michigan, 2 in Missouri, 3 in New Jersey, 34 in New York, 13 in Pennsylvania, 1 in Tennessee, 1 in Texas, 3 in Utah, 1 in Australia, 1 in Canada, 1 in Denmark, 1 in England, 1 in Italy, and 1 in Switzerland. Men do not take up with systems of nomenclature for light reading; we must therefore conclude that the Bellevue nomenclature has very favorably impressed our confrères in various localities. We recommend that it be made a part of whatever publication on the subject of the nomenclature and classification of diseases the American Medical Association may decide to issue—and the prominent part, by reason of its clinical character.

It will be well, we think, to publish also a Latin list, if only for purposes of international correspondence. Such a list as has lately been prepared by Surgeon Charles N. Fiske, of the Navy, and is published in the *United States Naval Medical Bulletin*, April, 1911, would be excellent for the purpose, though a little editorial work would be required to make it conform in minor details to the Bellevue nomenclature.

As a matter of course, we recommend the adoption of the International Classification of Causes of Death. It seems to us in need of further revision, but for that we must wait until 1919. Meantime, the excellent Manual made of its expanded list by Dr.

¹ Journal of the American Medical Association, July 8, 1911.

Cressey L. Wilbus, chief statistician of the division of vital statistics of the Bureau of the Census, makes a list which should figure prominently in our publication if we issue one. This, too, is not yet off the press. It is of value from many points of view, but will be particularly of service to health officials who have to determine what is meant by certain blind returns.

There is a great awakening to the importance of nomenclature and classification, and it may be well for the American Medical Association to provide for cooperative work with the profession in other countries, to the end that we may eventually have a uniform nomenclature and classification.

Very respectfully,

FRANK P. FOSTER, Chairman.

W. A. N. DÖRLAND,

VICTOR C. VAUGHAN,

ALEXANDER DUANE,

J. CHALMERS DA COSTA.

That the American Medical Association is to continue this important work is indeed gratifying. It may be remembered that the United States participated, through Drs. Billings and Folsom, in the preparation of the London Nomenclature of 1885, and there may be, now that the registration offices of both countries are united in the use of the International List, further cooperation in the preparation of an International Nomenclature, at least one for all English-speaking countries and one which will afford valuable suggestions for the next revision of the International List (1919).

STATISTICAL TREATMENT OF JOINT CAUSES OF DEATH.

The expression "joint causes of death" is a convenient one for those cases in which the physician reports two or more causes or conditions upon the certificate of death of an individual. According to the general practice of statistical compilation only one cause can be tabulated for each death, consequently a process of selection is necessary. The method employed for this purpose may have a very considerable influence upon the resulting statistics. Dr. Julius J. Pikler¹ has very forcefully directed attention to the importance of the study of contributory causes of death that usually are lost entirely in compilation, but the full statement of such causes would be difficult, especially for related tables and a detailed classification, in a report dealing with large numbers of returns.

The International Commission did not give special consideration to this subject in 1909, but at the suggestion of Dr. Bertillon it was agreed that the rules employed since 1900 should be continued in force and a special committee was appointed to report on the subject. Following are the rules in question as given in the French edition of 1903:

1. If one of the two diseases is an *immediate and frequent* complication of the other, the death should be classified under the head of the primary disease. Examples:

Infantile diarrhoea and convulsions, classify as *infantile diarrhoea*.

Measles and bronchopneumonia, classify as *measles*.

Scarlet fever and diphtheria, classify as *scarlet fever*.

Scarlet fever and nephritis, classify as *scarlet fever*.

¹Das Budapester System der Todesursachenstatistik, 1909.

2. If the preceding rule is not applicable, the following should be used: If one of the diseases is *surely fatal*¹ and the other is of less gravity, the former should be selected as the cause of death. Examples:

Cancer and bronchopneumonia, classify as *cancer*.

Pulmonary tuberculosis and puerperal septicæmia, classify as *tuberculosis*.

Icterus gravis and *pericarditis*, classify as *icterus gravis*.

3. If neither of the above rules is applicable, then the following: If one of the diseases is *epidemic* and the other is not, choose the epidemic disease. Examples:

Typhoid fever and saturnism, classify as *typhoid fever*.

Measles and biliary calculus, classify as *measles*.

4. If none of the three preceding rules is applicable, the following may be used: If one of the diseases is *much more frequently fatal* than the other, then it should be selected as the cause of death. Examples:

Rheumatism (without metastasis) and *salpingitis*, classify as *salpingitis*.

Pericarditis and *appendicitis*, classify as *pericarditis*.

5. If none of the four preceding rules applies, then the following: If one of the diseases is of *rapid development* and the other is of slow development, the disease of rapid development should be taken. Examples:

Diabetes and *icterus gravis*, classify as *icterus gravis*.

Cirrhosis and *angina pectoris*, classify as *angina pectoris*.

Pleurisy and *senile debility*, classify as *pleurisy*.

6. If none of the above five rules applies, then the diagnosis should be selected that best characterizes the case. Example:

Saturnism and *peritonitis*, classify as *saturnism*.

Precise diagnoses should be given the preference over vague and indeterminate ones, such as "Hæmorrhage," "Encephalitis," etc. Arbitrary decisions should be avoided as much as possible by the use of the preceding rules. None of them is absolute, but all are subject to exceptions which may vary according to local usages.² In practice the first rule, which is the most logical of all, is the one of most frequent application. The others have been formulated only to prepare for all cases and to treat them with system and uniformity.

These rules differ but slightly from those given in the Manual of 1902, which were based upon the French edition of 1900. They are a development of practical experience, as shown by the forms in which they have appeared in various editions of the International Classification, and may be compared with the rules given in the introductory text of the Alphabetische Liste von Krankheiten und Todesursachen, Kaiserliches Gesundheitsamt, Germany, 1905:

When several diseases are reported as causes of death, the following rules should be observed:

1. The death is, as a rule, to be assigned to that number which represents the probable primary cause (Grundleiden). For example, when nephritis and valvular heart disease are returned, the death should be classified under the heart disease as the probable primary cause. Only when the primary cause is not a real disease may it be disregarded. For example, with "senile debility and bronchitis" or "debility

¹ Apart from all treatment. This provision is necessary to assure stability in the application of the rules. Otherwise a therapeutic discovery, for example that of the antidiphtheritic serum, would modify the tables and injure the comparability of the statistics.

² Particularly we should note the impropriety of certain expressions. For example, if a physician writes *Typhoid fever, chronic nephritis*, it is almost certain that he intended to indicate typhoid fever complicated with albuminuria and not a patient with Bright's disease attacked with typhoid fever.

When a disease ordinarily rare or absent undergoes a large extension (e. g. cholera, yellow fever, etc.), the total deaths should be noted without any exception whatever. For such cases it is necessary to waive all ordinary rules.

and intestinal catarrh," the deaths should be classified, not as senile debility or congenital debility, but as chronic bronchitis and as intestinal catarrh.

2. With two independent diseases, the more severe should be chosen.
3. With an infectious disease and a noninfectious disease, the former should be chosen. Example: Insanity and typhoid fever, classify as typhoid fever.
4. If acute diseases are reported with chronic diseases, the acute diseases are to be preferred. Example: Gastric ulcer and croupous pneumonia, classify as croupous pneumonia.
5. If two infectious diseases are reported as causes of death, then smallpox, scarlet fever, measles, typhus fever, diphtheria and croup, whooping cough, croupous pneumonia, influenza, typhoid fever, paratyphoid fever, Weil's disease, relapsing fever, cerebrospinal fever, erysipelas, tetanus, septicaemia, puerperal fever, plague, Asiatic cholera, dysentery, anthrax, glanders, rabies, and trichiniasis should have the preference over tuberculosis, malaria, or a venereal disease.
6. Causes of death from violence are usually preferred.
7. Such returns as heart weakness ["heart failure"], cardiac paralysis, paralysis of the lungs, pulmonary oedema, coma, and the like, should be disregarded if other causes are named.
8. With tuberculosis of several organs, including that of the lungs, tuberculosis of the lungs should be selected.

It will be interesting also to compare the rules published by the Society of Medical Officers of Health of England:¹

RULES AS TO CLASSIFICATION OF CAUSES OF DEATH.

With the following exceptions the general rule should be to select from several diseases mentioned in the certificate the disease of the longest duration. In the event of no duration being specified, the disease standing first in order should be assumed to be the disease of longest duration.

Exceptions to the above rule.

Any one of the chief infective diseases should be selected in preference to any other cause of death. If two infective diseases in succession be specified, the disease of longer duration should be selected.

Thus scarlet fever should be selected in preference to bronchopneumonia, and phthisis in preference to bronchitis.

Definite diseases, ordinarily known as constitutional diseases, should have preference over those known as local diseases.

Thus cancer should be selected in preference to pneumonia, and diabetes in preference to heart disease.

When apoplexy occurs in conjunction with definite disease of the heart or kidneys, the heart disease or the kidney disease, as the case may be, should be preferred.

When hemiplegia is mentioned in connection with embolism, the embolism should be selected.

When embolism occurs in connection with childbirth, the death should be referred to accidents of childbirth.

In calculating the death rate from "diarrhoea," deaths certified as due to diarrhoea, either alone or coupled with some ill-defined cause (such as "atrophy," "debility," "marasmus," "thrush," "convulsions," "teething," "old age," or "senile decay"), epidemic or summer diarrhoea, epidemic or zymotic enteritis, intestinal or enteric catarrh, gastro-intestinal or gastro-enteric catarrh, dysentery or dysenteric diarrhoea, cholera (not being "Asiatic cholera"), cholera nostras, cholera infantum, and choleraic diarrhoea should be included.

¹ The New Tables Issued by the Local Government Board and the Schedules of Causes of Death issued by The Incorporated Society of Medical Officers of Health. London: 1901.

The following miscellaneous examples are given as indicating the method of classification in cases of difficulty that frequently arise:

Causes of Death in Order Given in Death Certificate.

Whooping cough, bronchopneumonia;
scarlet fever.
Scarlet fever 6 months, otitis media,
abscess of brain.
Laryngeal and pulmonary phthisis.
Pneumonia; old age.
Old age, bronchitis.
Phthisis, diabetes mellitus.
Diphtheria 9 months, paralysis.
Puerperal peritonitis.
Cerebral embolism.
Spasmodic croup.
Acute hydrocephalus.
Bronchitis, phthisis.

To be Classified Under—

Whooping cough, if of longer duration
than scarlet fever.
Scarlet fever.
Phthisis.
Pneumonia.
Bronchitis.
Select disease of longest duration.
Diphtheria.
Puerperal fever.
Embolism.
Laryngitis, stridulus.
Tubercular meningitis.
Phthisis.

Through the kindness of Dr. John Tatham, formerly Medical Superintendent of the Registrar-General's office, England, a copy of the Instructions to Abstractors, as employed in that office in 1909, was supplied to the Bureau of the Census. Certain decisions of special interest are taken therefrom:

1. Any general disease (except pyrexia, premature birth, congenital defects, want of breast milk, teething, and chronic rheumatism) to be taken in preference to any local disease except aneurysm and strangulated hernia.
2. Any of the following diseases are to be given preference over any other diseases: Aneryrysma, anthrax, Asiatic cholera, cancer, carcinoma, glanders, rabies, industrial poisoning, malignant disease, opium or morphine habit, puerperal septic disease, sarcoma, smallpox, strangulated hernia, tetanus, and vaccination.
3. Any disease in this group is to be preferred over any other disease except those named in the preceding group: Cerebrospinal fever, diphtheria, dysentery, typhoid fever, German measles, malaria, measles, mumps, relapsing fever, scarlet fever, typhus fever, and whooping cough.
4. The following diseases to be preferred except for those named in the two preceding lists: Acute hydrocephalus, alcoholism, influenza, lupus, phthisis, pulmonary tuberculosis, rheumatic fever (acute and subacute rheumatism); scrofula, syphilis, tabes mesenterica, tuberculous meningitis, tuberculous peritonitis, tuberculosis of other organs, and general tuberculosis.
5. For the following list, prefer the disease of longer duration or the disease first written: Carbuncle (not anthrax), diabetes mellitus, epidemic diarrhoea, epidemic enteritis, enteritis, diarrhoea due to food, erysipelas, gout, haemophilia, infective endocarditis, infective enteritis, pernicious anaemia, phagedæna, phlegmon (not anthrax), pneumonia (all forms), purpura haemorrhagica, pyæmia (not puerperal), rheumatoid arthritis, rheumatic gout, rheumatism of heart, rickets, scurvy, septichæmia, other septic diseases, septic infections, starvation, and varicella.
6. Premature birth and congenital defects (malformations) to be preferred for decedents under 3 months of age to other causes except those of groups (2) and (3).
7. Chlorosis and anaemia (not pernicious) only when alone.
8. For combinations of local diseases, usually select disease of longer duration or that first written.
9. Any definite disease accelerated by violence is to be classed to the disease.
10. Tetanus, septichæmia, blood poisoning, pyæmia, or erysipelas following violence to be classed to tetanus or the septic disease if the injury is slight; but if severe enough to kill by itself, the death should be classed to the form of violence.

The instructions employed in the Registrar-General's office are of special value because the certificate of death used in England and the standard certificate recommended by the American Public Health Association and used in by far the greater part of the registration area are practically identical in their provisions for the statement of cause of death. The American certificate does not use the word "primary" on its face, but it is explained fully on the reverse side that the "cause of death" to be first written is the *primary* cause and the words "Contributory (secondary)" for the second cause indicate this relation. Both certificates provide also for the very important statement of the duration of each cause. If physicians generally understood the distinction between "primary" and "secondary" as used in this connection and were particular to give the duration in each case, there would be little difficulty in selecting for tabulation the proper cause of death. Following is the form provided upon the Revised United States Standard Certificate of Death¹ for the statement of cause of death, together with the accompanying instructions for use:

[Medical Certificate of Death.]

The CAUSE OF DEATH★ was as follows:

(Duration) yrs. mos. ds.	
Contributory (SECONDARY)	
(Duration) yrs. mos. ds.	
(Signed) M. D.	
, 191 (Address)	
* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.	

¹Adopted by the American Public Health Association, Richmond, 1909, and approved by the Bureau of the Census. See Bulletin 108, Mortality Statistics, 1909; also Census pamphlet No. 107, Modes of Statement of Cause of Death and Duration of Illness Upon Certificates of Death, for comparison of American and foreign blanks.

[Reverse side.]

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonæum, etc.*, *Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicæmia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hæmorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septichæmia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

For returns upon the Standard Certificate of Death, and especially for those returns in which the instructions have been regarded by the reporting physicians, the following suggestions for classifying may be helpful:

1. Select the primary cause, that is, the real or underlying *cause of death*. This is usually—
 - (a) The cause first in order.
 - (b) The cause of longer duration. If the physician writes the cause of shorter duration first, inquiry may be made whether it is not a mere symptom, complication, or terminal condition.
 - (c) The cause of which the contributory (secondary) cause is a frequent complication. See lists of "Frequent complications" under the various titles of the Tabular List.
 - (d) The physician may indicate the relation of the causes by words, although this is a departure from the way in which the blank was intended to be filled out. For example, "*Bronchopneumonia following measles*" (primary cause last) or "*Measles followed by bronchopneumonia*" (primary cause first).
2. If the relation of primary and secondary is not clear, prefer general diseases, and especially dangerous infective or epidemic diseases, to local diseases.
3. Prefer severe or usually fatal diseases to mild diseases.
4. Disregard ill defined causes (Class XIV); and also indefinite and ill defined terms (e. g., "debility," "atrophy") in Classes XI and XII that are referred, for certain ages, to Class XIV, as compared with definite causes. Neglect mere modes of death (failure of heart or respiration) and terminal symptoms or conditions (e. g., hypostatic congestion of lungs).
5. Select homicide and suicide in preference to any consequences, and severe accidental injuries, sufficient in themselves to cause death, to all ordinary consequences. Tetanus is preferred to any accidental injury, and erysipelas, septicaemia, pyæmia, peritonitis, etc., are preferred to less serious accidental injuries. Prefer definite means of accidental injury (e. g., railway accident, explosion in coal mine, etc.) to vague statements or statement of the nature of the injury only (e. g., accident, fracture of skull).
6. Physical diseases (e. g., tuberculosis of lungs, diabetes) are preferred to mental diseases as causes of death (e. g., manic depressive psychosis), but general paralysis of the insane is a preferred term.
7. Prefer puerperal causes except when a serious disease (e. g., cancer, chronic Bright's disease) was the independent cause.
8. Disregard indefinite terms and titles generally in favor of definite terms and titles. The precise line of demarcation is difficult to lay down, but may be indicated broadly by the kinds of type employed in the International List presented on page 35. The List in this form has been distributed by the Census to all physicians in the United States,¹ so that the proportion of indefinite returns should become less.

From these suggestions and from the instructions employed in various offices it will be apparent that there is a considerable factor of uncertainty in the results when a large proportion of joint causes is involved. No rules yet formulated will insure absolutely identical compilations from the same material, and the methods employed in the same office may vary from year to year. The most efficient editor is not the one who follows any set of listed arbitrary decisions, but rather the one who is constantly on the lookout for cases in which it should not be followed, and who calls attention to such cases. A list

¹ See Physicians' Pocket Reference to the International List of Causes of Death.

of this kind can not incorporate considerations of duration, sex, place of death, age, occupation, etc., any or all of which may have an important bearing upon the classification of deaths, and in individual cases such data on transcripts often indicate an assignment contrary to the listed one.

Even if general rules are very specific, it is difficult to carry them out in precisely the same manner, and a real need is felt for a system that will insure a greater degree of uniformity in this respect. A very ingenious and convenient plan was proposed by Dr. Bertillon as a supplement to the general rules given on a previous page (p. 17), whereby a definite decision is given for any two titles or subtitles of the International List. The following example shows the relations of typhoid fever, definitely reported as such (1 a), and also indefinitely reported (1 b), to the other titles of the First Revision (1900), preferred titles being indicated by bold-faced type:

1 a.—2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	14 bis.	15.	16.	17.
18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
35.	36 A to C.	36 D.	36 bis.	37.	38.	39.	40.	41.	42.	43.	44.	45.	46.			
47.	48.	49.	50.	51.	52.	53.	54 a.	54 b.	55.	56.	57.	58.	59.	60.	61.	
62.	63 a.	63 b.	63 c.	63 d.	63 e.	63 f.	63 g.	64.	65.	66.	67.	68.	69.	70.		
71.	72.	73.	74 A.	74 B.	74 Ca.	74 Cb.	74 Cc.	74 Cd.	74 Ce.	74 Cf.	75.	76.				
77.	78.	79.	80.	81.	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.	93.
94.	95.	96.	97.	98.	99.	100.	101.	102.	103.	104.	105.	105 bis.	106.	107.		
108.	109.	109 bis.	110.	111.	112.	113.	114.	115.	116.	117.	118.	119.	120.			
121.	122.	123.	124.	125.	126.	127.	128.	129.	130.	131.	132.	133.	134.			
135.	136.	137.	138.	139.	140.	141.	142.	143.	144.	145.	146.	147.	148.			
149.	150.	151.	152.	153.	154.	155-163.	164.	165.	166.	167.	168.	169.	170.			
171.	172.	173.	174.	175.	176.	177-179.										
1 b.—2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	14 bis.	15.	16.	17.
18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.
35.	36.	36 bis.	37.	38.	39.	40.	41.	42.	43.	44.	45.	46.	47.	48.	49.	50.
51.	52.	53.	54 a.	54 b.	55.	56.	57.	58.	59.	60.	61.	62.	63.	64.	65.	66.
67.	68.	69.	70.	71.	72.	73.	74 A.	74 B.	74 Ca.	74 Cb.	74 Cc.	74 Cd.	74 Ce.	74 Cf.	75.	
74.	75.	76 a.	76 b.	77.	78.	79.	80.	81.	82.	83 a.	83 b.	84.	85.			
86.	87 a.	87 b.	87 c.	88.	89 a.	89 b.	90.	91.	92.	93.	94 a.	94 b.	95.	96.		
97.	98.	99 a.	99 b.	99 c.	99 d.	99 e.	99 f.	100.	101.	102.	103.	104 a.	104 b.	104 c.	104 d.	104 e.
104 e.	109 bis.	110.	111.	112.	113.	114 a.	114 b.	114 c.	114 d.	115.	116.	117.				
118.	119.	120.	121 a.	121 b.	121 c.	121 d.	121 e.	122.	123 a.	123 b.						
123 c.	123 d.	124 a.	124 b.	124 c.	125.	126.	127.	128.	129.	130 a.	130 b.					
130 c.	131.	132 a.	132 b.	133.	134.	135.	136 a.	136 b.	137.	138.						
139.	140.	141.	142.	143.	144.	145.	146.	147.	148.	149.	150.	151.	152.			
153.	154.	155-163.	164.	165.	166.	167.	168.	169.	170.	171.	172.	173.	174.	175.	176.	177-179.

A similar arrangement is presented with reference to each title and subdivided title of the International List. In use, the ordinary assignment of each of two joint causes is ascertained by reference to the Index, then the paragraph corresponding to the smaller number is sought in the preferential list. If the other number appears in bold-faced type in that paragraph, it takes precedence in classifica-

tion. Thus for "Typhoid fever" (1 a) reported upon the same certificate with "Cancer of the tongue" (39), the assignment would be to the latter; for "Typhoid fever" (1 a) and "Chronic Bright's disease" (120), the former would be preferred. Subdivisions of typhoid fever and of some other titles were found necessary in order to give greater precision to the assignment of individual terms. "Continued fever," a somewhat indefinite term, is compiled as typhoid fever, but is included in a separate subdivision (1 b) for this purpose; it is subordinate to title 120, for example, and not superior to it as is typhoid fever when stated definitely.

In the preceding example the title numbers are those of the First Revision (1900), although in many instances they correspond exactly to those of the Second Revision (1909). The detailed arrangement is not available for the latter nor was it practicable to maintain the subdivisions of titles, shown in the translation of the French version,¹ for the many additional terms included in the present Manual.

On the next page may be seen a tentative arrangement of the titles of the Second Revision of the International List in which the general relations are indicated as they might appear to the mind of the compiler. It affords a bird's-eye view of the situation and might be made a fairly satisfactory basis of judgment in many cases. A title is to be preferred to any other situated below it, whether in the same or another column. It is evident that the cases of interference, namely, those in which several titles appear upon the same line, might be eliminated by expanding the table vertically so that a definite relation would be shown in each case. This is not necessary, however, for the mere purpose of illustration. Subdivisions also might be employed, as in the cases of cerebrospinal fever (61 a) and premature birth (151 a). Certain terms in residual titles (e. g., sleeping sickness in title 55) would have a much higher relative position than the average for the general title.

¹International Classification of Causes of Sickness and Death, 1910.

**GENERAL ORDER OF PREFERENCE (TENTATIVE) OF THE TITLES OF THE DETAILED
INTERNATIONAL LIST OF CAUSES OF DEATH, ARRANGED BY CLASSES. (Higher
Cause Preferred.)**

NOTE.—Residual or group titles in *italics*. All deaths from violence, if the immediate and direct cause of death, to be considered as indicated by Class number (XIII).

No entirely mechanical system of procedure can, however, be devised for the satisfactory treatment of joint causes of death, although the general principles already discussed will, if carefully applied, give a certain amount of uniformity. The practice of the Bureau of the Census has been to depend upon a list of individual decisions, added to from time to time as new cases arose, and thus to insure uniformity of method. These decisions are arranged in the form of a card list, and are followed strictly for all combinations of terms that are found therein, subject to the limitations previously noted. An example may be given as follows:

Arteriosclerosis—	Cirrhosis of liver	113.
	Coma—Diabetes	50.
	Cranial haemorrhage	64.
	Croupous pneumonia	92.
	Cystitis	81.
	Disease of brain	81.
		kidneys 81.
	Meningitis	81.
	Nephritis	120.
	etc.	

The ultimate solution of the problem will depend probably upon a painstaking comparison and study of individual cases, with thorough investigation of the actual pathological relations. Neither the titles nor the subtitles can be treated as units, but the individual terms must be considered, together with the practice of the reporting physicians, and the information derived from special inquiries which should be undertaken more generally by registration offices. Reference may be made to a proposed general method¹ whereby the process of decision as to the choice of two causes of death jointly returned is reduced to two factors, namely, (1) the relative importance of the titles under which the terms would fall if returned separately, and (2) the validity of each term as properly belonging to the title assigned. Each of these factors might be represented by a rating number on a convenient scale, and the product of these numbers for each term would then represent its relative value as a preferred cause of death. Thus, for the same causes taken as examples on page 25, this method could be applied as follows:

1. Typhoid fever (rating of importance=10).

This title includes:

Continued fever (rating of validity=4).
Typhoid fever (10).

39. Cancer and other malignant tumors of the buccal cavity (9.8).

This title includes:

Cancer of tongue (10).

190. Bright's disease (9).

This title includes:

Chronic Bright's disease (10).

¹ Census pamphlet No. 105, Statistical Treatment of Causes of Death; also Journal of the American Medical Association, Aug. 15, 1903.

The product of the rating numbers or relative weights for each term may be expressed conveniently as a superior in the Index, so that it would be necessary only to turn to each of two joint causes therein to ascertain the assignment of each and the preferred assignment when returned together:

Cancer of tongue	^w	39
Continued fever	⁴⁰	1
Chronic Bright's disease	^w	120
Typhoid fever	¹⁰⁰	1

This method, tested by practical application to a large mass of returns, has been found to give results closely in accordance with those obtained by reference to the lists of decisions; to be capable of adjustment, and to afford also a definite basis for recommendations as to the inclusion or exclusion of terms from various titles in the next general revision of the system. The labor incident to the inclusion of the many new terms in the present edition of the Manual precluded the introduction of this method. It is, besides, more important that the method be considered as a possible plan for international use than that it be adopted by a single national office.

DETAILED AND ABRIDGED INTERNATIONAL LISTS OF CAUSES OF DEATH.

The International Commission prepared detailed and abridged lists for (1) morbidity and (2) mortality statistics, together with a list of causes of intrauterine death (stillbirths). These may be found in the previously published "International Classification of Causes of Sickness and Death," and reference may be made also to the Bellevue Nomenclature and to the list of diseases employed by the Surgeon General of the United States Army, who has employed the International Classification for hospital statistics since 1903. The following comparison relates solely to the detailed and abridged international lists as employed for mortality statistics:

Detailed International List of Causes of Death.

I.—GENERAL DISEASES.

1. Typhoid fever
2. Typhus fever
3. Relapsing fever
4. Malaria
 - 4a. *Including:* Malarial cachexia
5. Smallpox
6. Measles
7. Scarlet fever
8. Whooping cough
9. Diphtheria and croup
 - 9a. *Including:* Croup

Abridged International List of Causes of Death.

(Title numbers of detailed list included as shown in parentheses.)

1. Typhoid fever (1)
2. Typhus fever (2)
3. Malaria (4)
4. Smallpox (5)
5. Measles (6)
6. Scarlet fever (7)
7. Whooping cough (8)
8. Diphtheria and croup (9)

Detailed International List of Causes of Death—Continued.**I.—GENERAL DISEASES—Continued.**

10. Influenza
11. Miliary fever
12. Asiatic cholera
13. Cholera nostras
14. Dysentery
15. Plague
16. Yellow fever
17. Leprosy
18. Erysipelas
19. Other epidemic diseases
20. Purulent infection and septichæmia
21. Glanders
22. Anthrax
23. Rabies
24. Tetanus
25. Mycoses
26. Pellagra
27. Beriberi
28. Tuberculosis of the lungs
29. Acute miliary tuberculosis
30. Tuberculous meningitis
31. Abdominal tuberculosis
32. Pott's disease
33. White swellings
34. Tuberculosis of other organs
35. Disseminated tuberculosis
36. Rickets
37. Syphilis
38. Gonococcus infection
39. Cancer and other malignant tumors of the buccal cavity
40. Cancer and other malignant tumors of the stomach, liver
41. Cancer and other malignant tumors of the peritoneum, intestines, rectum
42. Cancer and other malignant tumors of the female genital organs
43. Cancer and other malignant tumors of the breast
44. Cancer and other malignant tumors of the skin
45. Cancer and other malignant tumors of other organs or of organs not specified
46. Other tumors (tumors of the female genital organs excepted)
47. Acute articular rheumatism
48. Chronic rheumatism and gout
49. Scurvy
50. Diabetes

Abridged International List of Causes of Death—Continued.

(Title numbers of detailed list included as shown in parentheses.)

9. Influenza (10)
10. Asiatic cholera (12)
11. Cholera nostras (13)
12. Other epidemic diseases (3, 11, 14, 15, 16, 17, 18, 19)
13. Tuberculosis of the lungs (28, 29)
14. Tuberculous meningitis (30)
15. Other forms of tuberculosis (31, 32, 33, 34, 35)
16. Cancer and other malignant tumors (39, 40, 41, 42, 43, 44, 45)

Detailed International List of Causes of Death—Continued.

Abridged International List of Causes of Death—Continued.

I.—Cerebral Diseases—Continued.

(The numbers of detailed list included as shown in parentheses.)

31. Encephalitis: acute
32. Alzheimer's disease
33. Creutzfeldt
34. Dementia: chronic
35. Other general diseases
36. Individual: acute or chronic:
37. Chronic: local processes
38. Other chronic non-specific processes
39. Other chronic diseases

II.—Diseases of the Nervous System and of the Sense Organs

40. Demyelination
41. Nervous degeneration
 42. Involving cerebrospinal fluid
42. Neurosis: acute
43. Other disease of the spinal cord
44. Central hemiplegia: sporadic
45. Stroke in the brain
46. Disease without specified cause
47. General paralysis of the insane
48. Other forms of mental alienation
49. Epilepsy
50. Convulsions: non-epileptic
51. Convulsions: infantile
52. Chorea
53. Tremors and tics
54. Other diseases of the nervous system
55. Disease of the eye and their adnexa
56. Disease of the ear

III.—Diseases of the Circulatory System

57. Hypertension
58. Atherosclerosis
59. Other vascular diseases
60. Angina pectoris
61. Disease of the heart, chronic, non-specific, etc.
62. Diseases of the heart, chronic, non-specific, etc.
63. Disease of the heart, chronic, non-specific, etc.
64. Disease of the lymphatic system
65. Disease of the blood vessels of the

IV.—Simple meningitis 61

V.—Central hemiplegia and epilepsy 52

VI.—Diseases of the heart 79

Detailed International List of Causes of Death—Continued.

IV.—DISEASES OF THE RESPIRATORY SYSTEM.

86. Disease of the nasal fossae
87. Diseases of the larynx
88. Diseases of the thyroid body
89. Acute bronchitis
90. Chronic bronchitis
91. Bronchopneumonia
92. Pneumonia
93. Pleurisy
94. Pulmonary congestion, pulmonary apoplexy
95. Gangrene of the lung
96. Asthma
97. Pulmonary emphysema
98. Other diseases of the respiratory system (tuberculosis excepted)

V.—DISEASES OF THE DIGESTIVE SYSTEM.

99. Diseases of the mouth and annexa
100. Diseases of the pharynx
101. Diseases of the oesophagus
102. Ulcer of the stomach
103. Other diseases of the stomach (cancer excepted)
104. Diarrhoea and enteritis (under 2 years)
105. Diarrhoea and enteritis (2 years and over)
 - 105a. *Including:* Due to alcoholism
106. Ankylostomiasis
107. Intestinal parasites
108. Appendicitis and typhlitis
109. Hernia, intestinal obstruction
110. Other diseases of the intestines
111. Acute yellow atrophy of the liver
112. Hydatid tumor of the liver
113. Cirrhosis of the liver
- 113a. *Including:* Due to alcoholism
114. Biliary calculi
115. Other diseases of the liver
116. Diseases of the spleen
117. Simple peritonitis (nonpuerperal)
118. Other diseases of the digestive system (cancer and tuberculosis excepted)

Abridged International List of Causes of Death—Continued.

(Title numbers of detailed list included as shown in parentheses.)

20. Acute bronchitis (89)
21. Chronic bronchitis (90)
22. Pneumonia (92)
23. Other diseases of the respiratory system (tuberculosis excepted) (86, 87, 88, 91, 93, 94, 95, 96, 97, 98)

24. Diseases of the stomach (cancer excepted) (102, 103)
25. Diarrhoea and enteritis (under 2 years) (104)
26. Appendicitis and typhlitis (108)
27. Hernia, intestinal obstruction (109)
28. Cirrhosis of the liver (113)

Detailed International List of Causes of Death—Continued.

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA.

- 119. Acute nephritis
- 120. Bright's disease
- 121. Chyluria
- 122. Other diseases of the kidneys and annexa
- 123. Calculi of the urinary passages
- 124. Diseases of the bladder
- 125. Diseases of the urethra, urinary abscess, etc.
- 126. Diseases of the prostate
- 127. Nonvenereal diseases of the male genital organs
- 128. Uterine haemorrhage (nonpuerperal)
- 129. Uterine tumor (noncancerous)
- 130. Other diseases of the uterus
- 131. Cysts and other tumors of the ovary
- 132. Salpingitis and other diseases of the female genital organs
- 133. Nonpuerperal diseases of the breast (cancer excepted)

VII.—THE PUERPERAL STATE.

- 134. Accidents of pregnancy
- 135. Puerperal haemorrhage
- 136. Other accidents of labor
- 137. Puerperal septichæmia
- 138. Puerperal albuminuria and convulsions
- 139. Puerperal phlegmasia alba dolens, embolus, sudden death
- 140. Following childbirth (not otherwise defined)
- 141. Puerperal diseases of the breast

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

- 142. Gangrene
- 143. Furuncle
- 144. Acute abscess
- 145. Other diseases of the skin and annexa

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

- 146. Diseases of the bones (tuberculosis excepted)
- 147. Diseases of the joints (tuberculosis and rheumatism excepted)
- 148. Amputations
- 149. Other diseases of the organs of locomotion

Abridged International List of Causes of Death—Continued.

(Title numbers of detailed list included as shown in parentheses.)

- 129. Acute nephritis and Bright's disease (119, 120)
- 30. Noncancerous tumors and other diseases of the female genital organs (128, 129, 130, 131, 132)

- 31. Puerperal septichæmia (puerperal fever, peritonitis) (137)

- 32. Other puerperal accidents of pregnancy and labor (134, 135, 136, 138, 139, 140, 141)

Detailed International List of Causes of Death—Continued.**X.—MALFORMATIONS.**

150. Congenital malformations (stillbirths not included)

XI.—EARLY INFANCY.

151. Congenital debility, icterus, and sclerema

152. Other causes peculiar to early infancy

153. Lack of care

XII.—OLD AGE.

154. Senility

XIII.—EXTERNAL CAUSES.

155. Suicide by poison

156. Suicide by asphyxia

157. Suicide by hanging or strangulation

158. Suicide by drowning

159. Suicide by firearms

160. Suicide by cutting or piercing instruments

161. Suicide by jumping from high places

162. Suicide by crushing

163. Other suicides

164. Poisoning by food

165. Other acute poisonings

166. Conflagration

167. Burns (conflagration excepted)

168. Absorption of deleterious gases (conflagration excepted)

169. Accidental drowning

170. Traumatism by firearms

171. Traumatism by cutting or piercing instruments

172. Traumatism by fall

173. Traumatism in mines and quarries

174. Traumatism by machines

175. Traumatism by other crushing (vehicles, railways, landslides, etc.)

176. Injuries by animals

177. Starvation

178. Excessive cold

179. Effects of heat

180. Lightning

181. Electricity (lightning excepted)

182. Homicide by firearms

183. Homicide by cutting or piercing instruments

184. Homicide by other means

185. Fractures (cause not specified)

186. Other external violence

Abridged International List of Causes of Death—Continued.

(Title numbers of detailed list included as shown in parentheses.)

33. Congenital debility and malformations (150, 151)

34. Senility (154)

36. Suicide (155, 156, 157, 158, 159, 160, 161, 162, 163)

35. Violent deaths (suicide excepted) (164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186)

Detailed International List of Causes of Death—Continued.**Abridged International List of Causes of Death—Continued.**

(*Title numbers of detailed list included as shown in parentheses.*)

37. Other diseases (20, 21, 22, 23, 24, 25, 26, 27, 36, 37, 38, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 62, 63, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 80, 81, 82, 83, 84, 85, 89, 100, 101, 105, 106, 107, 110, 111, 112, 114, 115, 116, 117, 118, 121, 122, 123, 124, 125, 126, 127, 133, 142, 143, 144, 145, 146, 147, 148, 149, 152, 153)

XIV.—ILL DEFINED DISEASES.

187. Ill defined organic disease

188. Sudden death

189. Cause of death not specified or ill defined

38. Unknown or ill defined diseases (187, 188, 189)

The abridged International List is thus seen to be simply a selection of some of the most important titles of the detailed International List, and is intended for use when the more complete list can not be presented and as a minimum for the general statement of causes of death. Upon the same principle other condensed lists may be formed for various purposes, the only essential requirement being that the definite inclusion of each title of such condensed lists be clearly stated.

In the French version and its translation a double reference is given for each term in the Index, one to the detailed and the other to the abridged classification. As the abridged list can be constructed readily from the assignments to the detailed list by simply grouping all title numbers corresponding to the various abridged heads, it has seemed preferable in the Index of the present work to give only the single reference to the detailed list. One advantage of this procedure is that the same term will have associated with it only a single code or editing number, thus avoiding some liability to error. With tabulation by punched cards such double assignments are quite unnecessary, since the cards are readily grouped in any combination.

SUGGESTIONS TO PHYSICIANS AND REGISTRARS IN REGARD TO REPORTING CAUSES OF DEATH.

Satisfactory statements of causes of death can be obtained only by means of a high degree of cooperation between members of the medical profession and the registration authorities. It is desirable that physicians appreciate the importance of exact statements of causes of death and realize, by means of study of the statistical results, how certain forms of reports may lead to misunderstanding and inaccuracy. An essential requirement is that the blanks employed for the statement of causes of death be uniform, as otherwise specific instructions can not readily be given. A very satisfactory result of the general adoption of the United States Standard Certificate of Death, as recommended by the American Public Health Association and approved by the Bureau of the Census, is that uniform instructions¹ are now employed for a very large proportion of the registration area.

In order to familiarize physicians with the general features of the International List of Causes of Death, a vest-pocket booklet² was prepared and distributed directly to all physicians of the United States, as well as to many thousands of local registrars through their state registration offices. The International List contains many indefinite and unsatisfactory titles, so that without special caution as to the use of undesirable terms it could not be submitted as an example of how deaths should be reported. To some extent this is indicated by the styles of type in the detailed list contained therein:

INTERNATIONAL LIST OF CAUSES OF DEATH.

In reporting causes of death upon certificates of death the physician is requested to read carefully the instructions upon the back of the certificate (see Standard Certificate of Death) and enter, first, **THE NAME OF THE DISEASE CAUSING DEATH**; second, the name of the contributory (secondary) cause, if any; and, third, the duration of each cause. (If death was influenced by occupation, please see that kind of work and industry are correctly stated.) In naming the disease causing death it is urgently recommended that the exact names printed in bold-faced type in the List below be employed, whenever they are applicable, and that no other terms be used instead. Thus always write *Typhoid fever*; not sometimes *Typhoid fever*, sometimes *Enteric fever*, or "*Continued fever*," "*Typho-malarial fever*," etc. Of course many diseases are not given in the terms in bold-faced type below, but only the most important ones. For others, any terms recommended by the Nomenclature of Diseases of the Royal College of Physicians, London (fourth edition, 1906), or the Nomenclature of Diseases and Conditions of Bellevue and Allied Hospitals, New York (last edition, 1911), may be used. Terms printed in *italics* are *indefinite or otherwise undesirable, and should never be used when a more definite statement can be given.* "*Heart failure*," for example, is simply equivalent to cause of death unknown. "*Congrulations*," "*Maraasmus*," "*Debility*," "*Old age*," are terms of this character. Please aid in the improvement of our vital statistics by using only precise and definite terms.

(I.—GENERAL DISEASES.)

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------|
| 1. <i>Typhoid fever.</i> | 8. <i>Whooping cough.</i> |
| 2. <i>Typhus fever.</i> | 9. <i>Diphtheria and croup.</i> |
| 3. <i>Relapsing fever.</i> [Insert " <i>(spiroillum)</i> ."] | 10. <i>Influenza.</i> |
| 4. <i>Malaria.</i> | 11. <i>Miliary fever.</i> [True <i>Febris miliaris</i> only.] |
| 5. <i>Smallpox.</i> | 12. <i>Asiatic cholera.</i> |
| 6. <i>Measles.</i> | 13. <i>Cholera nostras.</i> |
| 7. <i>Scarlet fever.</i> | 14. <i>Dysentery.</i> |

¹ See the minimum instructions contained on the reverse side of the United States Standard Certificate of Death, p. 22.

² Physicians' Pocket Reference to the International List of Causes of Death.

INTERNATIONAL LIST OF CAUSES OF DEATH—Continued.

(I.—GENERAL DISEASES)—Continued.

15. Plague.
 16. Yellow fever.
 17. Leprosy.
 18. Erysipelas. [State also cause; see Class XIII.]
 19. Other epidemic diseases:
 Mumps,
 German measles,
 Chicken-pox,
 Rocky Mountain spotted (tick) fever,
 Glandular fever, etc.
 20. Purulent infection and septicæmia. [State also cause; see Classes VII and XIII especially.]
 21. Glanders.
 22. Anthrax.
 23. Rabies.
 24. Tetanus. [State also cause; see Class XIII.]
 25. Mycoses. [Specify, as *Actinomycosis* of lung, etc.]
 26. Pellagra.
 27. Barbituric acid poisoning.
 28. Tuberculosis of the lungs.
 29. Acute miliary tuberculosis.
 30. Tuberculous meningitis.
 31. Abdominal tuberculosis.
 32. Pott's disease. [Preferably Tuberculosis of spine.]
 33. White swelling. [Preferably Tuberculosis of joint.]
 34. Tuberculosis of other organs. [Specify organ.]
 35. Disseminated tuberculosis. [Specify organs affected.]
 36. Rickets.
 37. Syphilis.
 38. Gonococcus infection.
39. Cancer¹ of the buccal cavity. [State part.]
 40. Cancer¹ of the stomach, liver.
 41. Cancer¹ of the peritonium, intestines, rectum.
 42. Cancer¹ of the female genital organs. [State organ.]
 43. Cancer¹ of the breast.
 44. Cancer¹ of the skin. [State part.]
 45. Cancer¹ of other organs or of organs not specified. [State organ.]
 46. Other tumors (tumors of the female genital organs excepted). [Name kind of tumor and organ affected. Malignant?].
 47. Acute articular rheumatism.
 48. Chronic rheumatism and gout. [Preferably *Arthritis deformans*.]
 49. Scurvy.
 50. Diabetes. [Diabetes mellitus.]
 51. Exophthalmic goitre.
 52. Addison's disease.
 53. Leucæmia.
 54. Anæmia, chlorosis. [State form or cause.]
 55. Other general diseases:
 Diabetes insipidus,
 Purpura haemorrhagica, etc.
 56. Alcoholism (acute or chronic).
 57. Chronic lead poisoning. [State cause. Occupational?] .
 58. Other chronic occupation poisonings:
 Phosphorus poisoning (match factory).
 Mercury poisoning (felt hat factory), etc.
 59. Other chronic poisonings:
 Chronic morphinism,
 Chronic cocaineism, etc.

(II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.)

60. Encephalitis.
 61. Meningitis:
 Cerebrospinal fever or Epidemic cerebro-spinal meningitis,
 Simple meningitis. [State cause.]
 62. Locomotor ataxia.
 63. Other diseases of the spinal cord:
 Acute anterior poliomyelitis,
 Paralysis agitans,
 Chronic spinal muscular atrophy,
 Primary lateral sclerosis of spinal cord,
 Syringomyelia, etc.
 64. Cerebral hemorrhage, apoplexy.
 65. Softening of the brain. [State cause.]
 66. Paralysis without specified cause. [State form or cause.]

67. General paralysis of the insane.
 68. Other forms of mental alienation. [Name disease causing death. Form of insanity should be named as CONTRIBUTOBY CAUSE only unless it is actually the disease causing death.]
 69. Epilepsy.
 70. Convulsions (nonpuerperal). [State cause.]
 71. Convulsions of infants. [State cause.]
 72. Chorea.
 73. Neuralgia and neuritis. [State cause.]
 74. Other diseases of the nervous system. [Name the disease.]
 75. Diseases of the eyes and their annexa. [Name the disease.]
 76. Diseases of the ears. [Name the disease.]

(III.—DISEASES OF THE CIRCULATORY SYSTEM.)

77. Pericarditis. [Acute or chronic; rheumatic (47), etc.]
 78. Acute endocarditis. [Cause?] .
 79. Organic diseases of the heart: [Name the disease.]
 Chronic valvular disease, [Name the disease.]
 Aortic insufficiency,
 Chronic endocarditis,
 Fatty degeneration of heart, etc.
 80. Angina pectoris.

81. Diseases of the arteries, atheroma, aneurysm, etc.
 82. Embolism and thrombosis. [State organ. Puerperal (138)?]
 83. Diseases of the veins (varices, haemorrhoids, phlebitis, etc.).
 84. Diseases of the lymphatic system (lymphangitis, etc.). [Cause? Puerperal?]
 85. Haemorrhage, other diseases of the circulatory system. [Cause? Pulmonary hemorrhage from Tuberculosis of lungs (28)? Puerperal?]

(IV.—DISEASES OF THE RESPIRATORY SYSTEM.)

86. Diseases of the nasal fossæ. [Name disease.]
 87. Diseases of the larynx. [Name disease. Diphtheritic?]
 88. Diseases of the thyroid body. [Name disease.]
 89. Acute bronchitis. [Always state as acute.]
 90. Chronic bronchitis. [or chronic.]
 91. Bronchopneumonia. [If secondary, give primary cause.]
 92. Pneumonia. [If lobar, report as Lobar pneumonia.]
 93. Pleurisy. [If tuberculous, so report (28).]

94. Pulmonary congestion, pulmonary apoplexy. [Cause?] .
 95. Gangrene of the lung.
 96. Asthma. [Tuberculosis?]
 97. Pulmonary emphysema.
 98. Other diseases of the respiratory system (tuberculosis, excepted). [Such indefinite returns as "Lung trouble," "Pulmonary hemorrhage," etc., compiled here, vitiate statistics. Tuberculosis of lungs (28)? Name the disease.]

¹"Cancer and other malignant tumors." Preferably reported as Carcinoma of —, Sarcoma of —, Epithelioma of —, etc., stating the exact nature of the neoplasm and the organ or part of the body first affected.

INTERNATIONAL LIST OF CAUSES OF DEATH—Continued.

(V.—DISEASES OF THE DIGESTIVE SYSTEM.)

99. Diseases of the mouth and annexa. [Name disease.]
 100. Diseases of the pharynx. [Name disease. Diphtheritic?] 108. Appendicitis and typhlitis.
 101. Diseases of the esophagus. [Name disease.] 109. Hernia, intestinal obstruction. [State form and whether strangulated. Include only organic intestinal obstruction.]
 102. Ulcer of the stomach. 110. Other diseases of the intestines. [Name disease.]
 103. Other diseases of the stomach (cancer excepted). [Name disease. Avoid such indefinite terms as "Stomach trouble," "Dyspepsia," "Indigestion," "Gastritis," etc., when used vaguely.] 111. Acute yellow atrophy of the liver.
 104. Diarrhoea and enteritis (under 2 years). 112. Hydatid tumor of the liver.
 105. Diarrhoea and enteritis (2 years and over). 113. Cirrhosis of the liver.
 106. Ankylostomiasis. [Better, for the United States, Hookworm disease or Uncinariasis.] 114. Biliary calculi.
 107. Intestinal parasites. [Name species.] 115. Other diseases of the liver. ["Liver complaint" not a satisfactory return.]
 116. Diseases of the spleen. [Name disease.]
 117. Simple peritonitis (nonpuerperal). [Give cause.]
 118. Other diseases of the digestive system (cancer and tuberculosis excepted). [Name disease.]

(VI.—NONVENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA.)

119. Acute nephritis. [State cause, especially if due to Scarlet fever, etc.] 126. Diseases of the prostate. [Name disease.]
 120. Bright's disease. [Better, Chronic Bright's disease, Chronic interstitial nephritis, Chronic parenchymatous nephritis, etc. Never report mere names of symptoms, as "Uræmia," "Uræmic coma," etc.] 127. Nonvenereal diseases of the male genital organs. [Name disease.]
 121. Chyluria. 128. Uterine hemorrhage (nonpuerperal).
 122. Other diseases of the kidneys and annexa. [Name disease.] 129. Uterine tumor (noncancerous). [State kind.]
 123. Calculus of the urinary passages. [Name bladder, kidney.] 130. Other diseases of the uterus. [Name disease.]
 124. Diseases of the bladder. [Name disease.] 131. Cysts and other tumors of the ovary. [State kind.]
 125. Diseases of the urethra, urinary abscess, etc. [Name disease. Gonorrhœal (38)?] 132. Salpingitis and other diseases of the female genital organs. [Name disease. Gonorrhœal (38)?]
 133. Nonpuerperal diseases of the breast (cancer excepted). [Name disease.]

(VII.—THE PUEPERAL STATE.)

NOTE.—The term *puerperal* is intended to include pregnancy, parturition, and lactation. Whenever parturition or miscarriage has occurred within one month before the death of the patient, the fact should be certified, even though childbirth may not have contributed to the fatal issue. Whenever a woman of childbearing age, especially if married, is reported to have died from a disease which might have been puerperal, the local registrar should require an explicit statement from the reporting physician as to whether the disease was or was not puerperal in character. The following diseases and symptoms are of this class:

<i>Abscess of the breast,</i>	<i>Metroperitonitis,</i>
<i>Albuminuria,</i>	<i>Metrorrhagia,</i>
<i>Cellulitis,</i>	<i>Pelvic peritonitis,</i>
<i>Coma,</i>	<i>Peritonitis,</i>
<i>Convulsions,</i>	<i>Phlegmasia alba dolens,</i>
<i>Eclampsia,</i>	<i>Plethora,</i>
<i>Embolism,</i>	<i>Pylebitis,</i>
<i>Gastritis,</i>	<i>Pyæmia,</i>
<i>Hæmorrhage (uterine</i>	<i>Sepicæmia,</i>
<i>or unqualified),</i>	<i>Sudden death,</i>
<i>Lymphangitis,</i>	<i>Tetanus,</i>
<i>Metritis,</i>	<i>Thrombosis.</i>

Physicians are requested always to write *Puerperal* before the above terms and others that might be puerperal in character, or to add in parentheses (*Not puerperal*), so that there may be no possibility of error in the compilation of the mortality statistics; also to respond courteously to the requests

of the local registrars for additional information when, inadvertently, the desired data are omitted. The value of such statistics can be greatly improved by cordial cooperation between the medical profession and the registration officials. If a physician will not write the true statement of puerperal character on the certificate, he may privately communicate that fact to the local or state registrar, or write the number of the International List under which the death should be compiled, e. g., "Peritonitis (137)."

134. Accidents¹ of pregnancy: [Name the condition.]
 Abortion, [Term not used in invidious sense; Criminal abortion should be so specified (184).]
 Miscarriage,
 Ectopic gestation,
 Tubal pregnancy, etc.
 135. Puerperal hemorrhage.
 136. Other accidents of labor: [Name the condition.]
 Cesarean section,
 Forceps application,
 Breech presentation,
 Symphysiotomy,
 Difficult labor,
 Rupture of uterus in labor, etc.
 137. Puerperal septicæmia.
 138. Puerperal albuminuria and convulsions.
 139. Puerperal phlegmasia alba dolens, embolus, sudden death.
 140. Following childbirth (not otherwise defined). [Define.]
 141. Puerperal diseases of the breast.

(VIII.—DISEASES OF THE SKIN AND CELLULAR TISSUE.)

142. Gangrene. [State part affected, Diabetic (30), etc.] 144. Acute abscess. [Name part affected, nature, or cause.]
 143. Furuncle. 145. Other diseases of the skin and annexa. [Name disease.]

¹ In the sense of conditions or operations dependent upon pregnancy or labor, not "accidents" from external causes.

INTERNATIONAL LIST OF CAUSES OF DEATH—Continued.

(IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.)

146. Diseases of the bones (tuberculosis excepted); [Name disease.]
 Osteoperiostitis, [Give cause.]
 Osteomyelitis,
 Necrosis, [Give cause.]
 Mastoiditis, etc. [Following Otitis media
 (76)?]
147. Diseases of the joints (tuberculosis and rheumatism excepted). [Name disease; always specify Acute articular rheumatism (47), Arthritis deformans (48), Tuberculosis of — joint (33), etc., when cause is known.]
148. Amputations. [Name disease or injury requiring amputation, thus permitting proper assignment elsewhere.]
149. Other diseases of the organs of locomotion. [Name disease.]

(X.—MALFORMATIONS.)

150. Congenital malformations (stillbirths not included): [Do not include Acquired hydrocephalus (74) or Tuberculous hydrocephalus (Tuberculous meningitis) (30) under this head.]
 Congenital hydrocephalus,
 Congenital malformation of heart,
 Spina bifida, etc.

(XI.—EARLY INFANCY.)

151. Congenital debility, icterus, and sclerema: [Give cause of debility.]
 Premature birth,
 Atrophy, [Give cause.]
 Marasmus, [Give cause.]
 Inanition, etc. [Give cause.]
152. Other causes peculiar to early infancy:
 Umbilical hemorrhage,
 Atelectasis,
 Injury by forceps at birth, etc.

153. Lack of care.

(XII.—OLD AGE.)

154. Senility. [Name the disease causing the death of the old person.]

(XIII.—EXTERNAL CAUSES.)

NOTE.—Coroners, medical examiners, and physicians who certify to deaths from violent causes, should always clearly indicate the fundamental distinction of whether the death was due to Accident, Suicide, or Homicide; and then state the Means or instrument of death. The qualification "probably" may be added when necessary.

155. Suicide by poison. [Name poison.]
 156. Suicide by asphyxia. [Name means of death.]
 157. Suicide by hanging or strangulation. [Name means of strangulation.]
 158. Suicide by drowning.
 159. Suicide by firearms.
 160. Suicide by cutting or piercing instruments. [Name instrument.]
 161. Suicide by jumping from high places. [Name place.]
 162. Suicide by crushing. [Name means.]
 163. Other suicides. [Name means.]
 164. Poisoning by food. [Name kind of food.]
 165. Other acute poisonings. [Name poison; specify Accidental.]
 166. Conflagration. [State fully, as Jumped from window of burning dwelling, Smothered—burning of theater, Forest fire, etc.]
 167. Burns (conflagration excepted). [Includes Scalding.]
 168. Absorption of deleterious gases (conflagration excepted):
 Asphyxia by illuminating gas (accidental),
 Inhalation of — (accidental), [Name gas.]
 Asphyxia (accidental), [Name gas.]
 Suffocation (accidental), etc. [Name gas.]
 169. Accidental drowning.
 170. Traumatism by firearms. [Specify Accidental.]
 171. Traumatism by cutting or piercing instruments. [Name instrument. Specify Accidental.]

172. Traumatism by fall. [For example, Accidental fall from window.]
 173. Traumatism in mines and quarries:
 Fall of rock in coal mine,
 Injury by blasting, slate quarry, etc.
 174. Traumatism by machines. [Specify kind of machine, and if the Occupation is not fully given under that head, add sufficient to show the exact industrial character of the fatal injury. Thus, Crushed by passenger elevator; Struck by piece of emery wheel (knife grinder), etc.]
 175. Traumatism by other crushing:
 Railway collision,
 Struck by street car,
 Automobile accident,
 Run over by dray,
 Crushed by earth in sewer excavation, etc.
 176. Injuries by animals. [Name animal.]
 177. Starvation. [Not "inanition" from disease.]
 178. Excessive cold. [Freezing.]
 179. Effects of heat. [Sunstroke.]
 180. Lightning.
 181. Electricity (lightning excepted). [How? Occupational?] 182. Homicide by firearms.
 183. Homicide by cutting or piercing instruments. [Name instrument.]
 184. Homicide by other means. [Name means.]
 185. Fractures (cause not specified). [State means of injury. The nature of the lesion is necessary for hospital statistics, but not for general mortality statistics.]
 186. Other external violence:
 Legal hanging,
 Legal electrocution,
 Accident, injury, or traumatism (unqualified). [State Means of injury.]

INTERNATIONAL LIST OF CAUSES OF DEATH—Continued.

(XIV.—ILL DEFINED DISEASES.)

NOTE.—If physicians will familiarize themselves with the nature and purposes of the International List, and will cooperate with the registration authorities in giving additional information so that returns can be properly classified, the number of deaths compiled under this group will rapidly diminish, and the statistics will be more creditable to the office that compiles them and more useful to the medical profession and for sanitary purposes.

187. Ill defined organic disease:

Dropsy. [Name the disease of the heart, liver, or kidneys in which the dropsy occurred.]
Ascites, etc.

188. Sudden death. [Give cause. Puerperal?]

Cause of death not specified or ill defined. [It may be extremely difficult or impossible to determine definitely the cause of death in some cases, even if a post-mortem be granted. If the physician is absolutely unable to sat-

189. Cause of death not specified or ill defined—

Continued.
isfy himself in this respect, it is better for him to write *Unknown* than merely to guess at the cause. It will be helpful if he can specify a little further, as *Unknown disease* (which excludes external causes), or *Unknown chronic disease* (which excludes the acute infective diseases), etc. Even the ill defined causes included under this head are at least useful to a limited degree, and are preferable to no attempt at statement. Some of the old "chronics," which well-informed physicians are coming less and less to use, are the following: *Aphylaxia; Astenia; Bilious fever; Cachexia; Catarrhal fever; Collapse; Coma; Congestion; Cyanosis; Debility; Delirium; Dentition; Dyspnœa; Exhaustion; Fever; Gastric fever; HEART FAILURE; Laparotomy; Marasmus; Paralysis of the heart; Surgical shock; and Teething.* In many cases so reported the physician could state the *disease* (not mere symptom or condition) causing death.

LIST OF UNDESIRABLE TERMS.

As a result of the conference between the Committee on Nomenclature and Classification of Diseases appointed by the American Medical Association with committees of other national medical organizations and with medical representatives of the Army, Navy, Public Health and Marine-Hospital Service, and the Bureau of the Census,¹ it was agreed:

That practical suggestions be framed relative to the reporting of causes of death and of sickness by physicians, and that a list of the most undesirable terms frequently employed be brought to their attention with the recommendation that they be disused.

In framing the following list of undesirable terms use has been made of the London Nomenclature, the Bellevue Nomenclature, and especially of the "Suggestions to Medical Practitioners respecting Certificates of Causes of Death," issued by the Registrar-General of England and Wales, which constitutes a part of the book of "Forms for Medical Certificates of the Cause of Death" employed in that country.

UNDESIRABLE TERM.	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH.
(It is understood that the term criticised is in the <i>exact form</i> given below, without further explanation or qualification.)	
" <i>Abscess</i> ".	May be tuberculous, gonorrhœal, from appendicitis, etc., or relate to any part of the body. The return is worthless. State <i>cause</i> (in which case the fact of "abscess" may be quite unimportant) and location.
" <i>Accident</i> ," " <i>Injury</i> ," " <i>External causes</i> ," " <i>Violence</i> ." Also more specific terms, as " <i>Drowning</i> ," " <i>Gunshot</i> ," which might be either accidental, suicidal, or homicidal.	Impossible to classify satisfactorily. Always state (1) whether Accidental, Suicidal, or Homicidal; and (2) <i>Means of injury</i> (e. g., Railroad accident). The lesion (e. g., Fracture of skull) may be added, but is of secondary importance for general mortality statistics.
" <i>Aatrophy</i> ," " <i>Debility</i> ," " <i>Decline</i> ," " <i>Exhaustion</i> ," " <i>Inanition</i> ," " <i>Weakness</i> ," and other vague terms.	Frequently cover tuberculosis and other definite causes. Name the disease causing the condition.

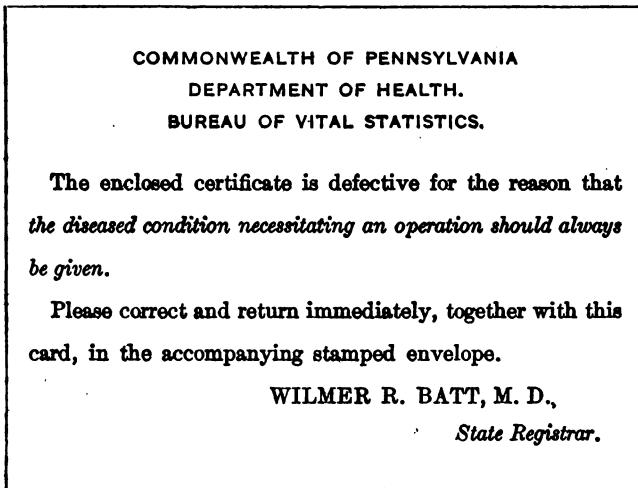
¹ Mortality Statistics, 1907, p. 19.

UNDESIRABLE TERM.	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH.
"Cancer," "Carcinoma," "Sarcoma," etc.	In all cases the organ or part first affected by cancer should be specified.
"Congestion," "Congestion of bowels," "Congestion of brain," "Congestion of kidneys," "Congestion of lungs," etc.	Alone, the word " <i>congestion</i> " is worthless, and in combination it is almost equally undesirable. If the disease amounted to <i>inflammation</i> , use the proper term (pneumonia, nephritis, enteritis, etc.); merely passive congestion should not be reported as a cause of death when the primary disease can be ascertained.
"Convulsions".....	"It is hoped that this indefinite term will henceforth be restricted to those cases in which the true cause of that symptom can not be ascertained. At present more than 11 per cent of the total deaths of infants under 1 year old are referred to ' <i>convulsions</i> ' merely."— <i>Registrar-General</i> . The Chicago Health Department refused to accept this statement, and has entirely eliminated this indefinite return.
"Croup".....	" <i>Croup</i> " is a most pernicious term from a public health point of view, is not contained in any form in the London or Bellevue Nomenclatures, and should be entirely disused. Write Diphtheria when this disease is the cause of death.
"Dropsy".....	"" <i>Dropsy</i> " should never be returned as the cause of death without particulars as to its probable origin, e. g., in disease of the heart, liver, kidneys, etc."— <i>Registrar-General</i> . Name the disease causing (the <i>dropsy</i> and) death.
"Fracture," "Fracture of skull," etc.....	Indefinite; the principle of classification for general mortality statistics is <i>not</i> the lesion but (1) the nature of the violence that produced it (Accidental, Suicidal, Homicidal), and (2) the Means of injury.
"Gastritis," "Acute indigestion"	Frequently worthless as a statement of the actual cause of death; the terms should not be loosely used to cover almost any fatal affection with irritation of stomach.
"Heart disease," "Heart trouble," even "Organic heart trouble."	Some cavil at the probable correctness of such returns, and it is better to state clearly the exact form of the cardiac affection, as <i>Mitral regurgitation</i> , <i>Aortic stenosis</i> , or even as <i>Valvular heart disease</i> , rather than to use the less precise language.
"Heart failure," "Cardiac weakness," "Cardiac asthenia," "Paralysis of the heart," etc.	" <i>Heart failure</i> " is a recognized synonym, even among the laity, for ignorance of the cause of death on the part of the physician. Such a return is forbidden by law in Connecticut; if the physician can make no more definite statement, it must be compiled among the class of ill defined diseases (<i>not</i> under Organic heart disease).
"Hemorrhage," "Hemoptysis".....	Frequently mask tuberculosis or deaths from injuries (traumatic hemorrhage), <i>Puerperal hemorrhage</i> , or hemorrhage after operation for various conditions. Name the disease causing death in the course of which the " <i>Hemorrhage</i> " was an incident.
"Hydrocephalus"	"It is desirable that deaths from hydrocephalus of tuberculous origin should be definitely assigned in the certificate to <i>Tuberculous meningitis</i> , so as to distinguish them from deaths caused by simple inflammation or other disease of the brain or its membranes. <i>Congenital hydrocephalus</i> should always be returned as such."— <i>Registrar-General</i> .
"Hysterectomy".....	<i>See Operation.</i>
"Infantile paralysis".....	This term is sometimes used for paralysis of infants caused by instrumental delivery, etc. The importance of the disease in its present endemic and epidemic prevalence in the United States makes the exact and unmistakable expressions <i>Acute anterior poliomyelitis</i> or <i>Infantile paralysis (acute anterior poliomyelitis)</i> desirable.
"Inflammation".....	Of what organ or part of the body? Cause?
"Laparotomy".....	<i>See Operation.</i>
"Malignant," "Malignant disease"	Should be restricted to use as qualification for neoplasms; see <i>Tumor</i> .

UNDESIRABLE TERM.	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH.
(It is understood that the term criticised is in the <i>exact form</i> given below, without further explanation or qualification.)	
" <i>Marasmus</i> ".....	This term covers a multitude of worthless returns, many of which could be made definite and useful by giving the name of the disease causing the " <i>marasmus</i> " or wasting. It has been dropped from the English Nomenclature since 1885 (" <i>Marasmus</i> , term no longer used"). The Bellevue Hospital Nomenclature also omits this term.
" <i>Meningitis</i> ," " <i>Cerebral meningitis</i> ," " <i>Cerebrospinal meningitis</i> ," " <i>Spinal meningitis</i> ."	Only two terms should ever be used to report deaths from Cerebrospinal fever, <i>synonym</i> , Epidemic cerebrospinal meningitis, and they should be written as above and in no other way. It matters not in the use of the latter term whether the disease be actually <i>epidemic</i> or not in the locality. A single sporadic case should be so reported. The first term (<i>Cerebrospinal fever</i>) is preferable because there is no apparent objection to its use for any number of cases. No one can intelligently classify such returns as are given in the margin. Mere terminal or symptomatic meningitis should not be entered at all as a cause of death; name the disease in which it occurred. <i>Tuberculous meningitis</i> should be reported as such.
" <i>Natural causes</i> ".....	Coroners and justices of the peace may often be able to make a more definite return, although even this has value as eliminating external causes. What disease caused death?
" <i>Operation</i> ," " <i>Surgical operation</i> ," " <i>Surgical shock</i> ," " <i>Amputation</i> ," " <i>Hysterectomy</i> ," " <i>Laparotomy</i> ," etc.	All these are entirely indefinite and unsatisfactory—unless the surgeon desires his work to be held primarily responsible for the death; in which case, as in some certificates actually returned, he may facilitate understanding by signing his name as the cause of death! Name the disease or form of external violence (Means of death; accidental, suicidal, or homicidal!).
" <i>Paralysis</i> ," " <i>General paralysis</i> ," " <i>Paresis</i> ," " <i>General paresis</i> ," " <i>Palsy</i> ," etc.	The vague use of these terms should be avoided, and the precise form stated, as <i>Acute ascending paralysis</i> , <i>Paralysis agitans</i> , <i>Bulbar paralysis</i> , etc. Write <i>General paralysis</i> of the insane in full, not omitting any part of the name; this is essential for satisfactory compilation of this cause. Distinguish <i>Paraplegia</i> and <i>Hemiplegia</i> ; and in the latter, when a sequel of <i>Aphixy</i> or <i>Cerebral haemorrhage</i> , report the primary cause.
" <i>Peritonitis</i> ".....	"Whenever this condition occurs—either as a consequence of <i>Hernia</i> , <i>Perforating ulcer of the stomach or bowel</i> [<i>Typhoid fever!</i>], <i>Appendicitis</i> , or <i>Metritis</i> (puerperal or otherwise), or else as an extension of morbid processes from other organs [Name the disease], the fact should be mentioned in the certificate."— <i>Registrar-General</i> . Always specify <i>Puerperal peritonitis</i> in cases resulting from abortion, miscarriage, or labor at full term. When traumatic, report means of injury and whether accidental, suicidal, or homicidal.
" <i>Pneumonia</i> ," " <i>Typhoid pneumonia</i> "...	" <i>Pneumonia</i> ," without qualification, is indefinite; it should be clearly stated either as <i>Bronchopneumonia</i> or <i>Lobar pneumonia</i> . The terms <i>Croupous pneumonia</i> and <i>Lobular pneumonia</i> are also clear, and the London Nomenclature provides for the variety <i>Epidemic pneumonia</i> . "The term ' <i>Typhoid pneumonia</i> ' should never be employed, as it may mean either <i>Enteric fever</i> [<i>Typhoid fever</i>] with pulmonary complications, on the one hand, or <i>Pneumonia</i> with so-called <i>typhoid</i> symptoms on the other."— <i>Registrar-General</i> . When occurring in the course of or following a disease, the primary cause should be reported, as <i>Pneumonic typhoid</i> , <i>Plague</i> (pneumonic form), <i>Measles</i> followed by <i>bronchopneumonia</i> , <i>Influenza</i> (pneumonia), etc. Do not report " <i>Hypostatic pneumonia</i> " or other mere terminal conditions as causes of death when the disease causing death can be ascertained.
" <i>Ptomaine poisoning</i> ," " <i>Autointoxication</i> ," " <i>Toxemia</i> ," etc.	These terms are used very loosely and it is impossible to compile statistics of value unless greater precision can be obtained. " <i>Ptomaine poisoning</i> " should be restricted to deaths resulting from the development of putrefactive alkaloids or other poisons in food, and the food should be named, as <i>Ptomaine poisoning</i> (<i>mussels</i>), etc. Such terms should not be used when merely descriptive of symptoms or conditions arising in the course of diseases, but the disease causing death should alone be named.

UNDESIRABLE TERM.	REASON WHY UNDESIRABLE, AND SUGGESTION FOR MORE DEFINITE STATEMENT OF CAUSE OF DEATH.
(It is understood that the term criticised is in the exact form given below, without further explanation or qualification.)	
" <i>Tubes mesenterica</i> ," " <i>Tubes</i> ".....	"The use of this term ["Tubes mesenterica?"] to describe tuberculous disease of the peritonium or intestines should be discontinued, as it is frequently used to denote various other wasting diseases which are not tuberculous. Tuberculous peritonitis is the better term to employ when the condition is due to "tubercle."—Registrar-General. <i>Tubes dorsalis</i> should not be abbreviated to "Tubes."
" <i>Tuberculosis</i> ".....	The organ or part of the body affected should always be stated, as <i>Tuberculosis of the lungs</i> , <i>Tuberculosis of the spine</i> , <i>Tuberculous meningitis</i> , <i>Acute general miliary tuberculosis</i> , etc.
" <i>Tumor</i> ," " <i>Neoplasm</i> ," " <i>New growth</i> "....	These terms should never be used without the qualifying words <i>Malignant</i> , <i>Nonmalignant</i> , or <i>Benigna</i> . If malignant, they belong under <i>Cancer</i> , and should preferably be so reported, or under the more exact terms <i>Carcinoma</i> , <i>Sarcoma</i> , etc. In all cases the organ or part affected should be specified.
" <i>Uremia</i> ".....	Name the disease causing death.

By systematic inquiry relative to defective statements of cause of death much improvement can be made in the quality of the statistics. Such inquiry can be made by the local registrar or by the state registrar for returns that reach the central office of the state in unsatisfactory form. In Pennsylvania, for example, returns are examined carefully and a correction card employed:



NOTE.—The words in italics are typewritten for the individual case. Other formulas employed are "the location of the cancer is not given;" "drowning should be given as accidental, suicidal, or homicidal," etc.

It is hardly necessary to say that much discretion and tact should be exercised in asking for additional information after the physician has, presumably, filled out carefully his statement of the cause of death, and that it is unwise to be too dogmatic concerning somewhat unsettled points of professional opinion. For example, the

International List provides for the statement of "Acute nephritis" (119), but leading authorities¹ declare that the terms acute, subacute, and chronic have lost their pathological and much of their clinical meaning, and may even be actually misleading. No objection, however, can be made in regard to questions relating to the more indefinite and ill defined forms of returns. The Registrar-General of England has made such inquiries for a number of years and the class of cases dealt with chiefly is shown by the following extract from a recent report (1908):

As in previous years inquiries have been sent to medical practitioners asking for further information respecting deaths certified as due to some indefinite condition. The number of cases thus dealt with was about 5,000.

The inquiries chiefly related to certificates of peritonitis, tumors of various organs, septichæmia, pyæmia, hydrocephalus, cerebrospinal meningitis, paralysis, convulsions and eclampsia.

The additional information obtained led to the transference of many of the deaths to more definite headings.

Inquiries were also sent relating to deaths described as due to carcinoma, sarcoma, or cancer, in which no mention was made of the organ or part affected, and as a result this information was supplied in the majority of these cases.

REFERENCES ON THE DEVELOPMENT AND USE OF THE INTERNATIONAL LIST OF CAUSES OF DEATH.

The following list is not exhaustive, but contains references to perhaps the most important publications relating to the development and use of the International List in its present form.

(1) *Développement et Explication des Rubriques de la Nomenclature des Causes de Décès adoptée par la Commission permanente de statistique de la ville de Paris.* Par le Dr. Jacques Bertillon, chef des travaux de la statistique de la ville de Paris, membre du Conseil supérieur de statistique et du Comité consultatif d'hygiène publique de France. Paris: Imprimerie Municipale, 1890. [Extrait de l'Annuaire statistique de la ville de Paris pour l'année 1888.] This list consists of 161 titles (the subdivisions of tuberculosis, cancer, and suicide not being numbered separately) and was practically identical with the detailed lists given in (2) and (3). It was stated that the nomenclature was prepared in 1865 by a committee of distinguished physicians, and that it was revised in 1874, 1880, and finally in 1886.

(2) *Trois Projets de Nomenclature des Maladies (Causes de décès—Causes d'incapacité de travail)* par le Dr. Jacques Bertillon, chef de la statistique de la ville de Paris. Bulletin de l'Institut International de Statistique, tome VIII, première livraison, p. 304. (Session of Chicago, 1893.) This was the report of the *Comité de la nomenclature des professions dans le recensement et de la nomenclature des causes de décès*, reconstituted in 1891 (Vienna session) and consisting of Messrs. Blenck, Bodio, Cheysson, Cook, Körösi, Levasseur, Loua, Ogle, Sidenbladh, Vannacque, and Bertillon (*rapporteur*). It is reprinted, practically without change, in the following (3) and should be referred to for an account of the history and principles of construction of the International List.

(3) *De la Nomenclature des Maladies (Causes de décès—Causes d'incapacité de travail) adoptée par le service de statistique de la ville de Paris.* Par le Dr. Jacques

¹ Horst Oertel: *The Anatomic Histological Processes of Bright's Disease*, 1910.

Bertillon, chef de la statistique de la ville de Paris, etc. Paris: 1898. [Annuaire statistique, 1896.]

(4) The Bertillon Classification of Causes of Death. Recommended for the use of Registrars of Vital Statistics (after the First Revision of Paris, 1900) by the American Public Health Association and by the Conference of State and Provincial Boards of Health of North America. Issued under the auspices of the American Public Health Association. Lansing: 1899. [Reprint from Appendix of Michigan Registration Report, 1898.] This was the first English translation, based on the preceding French edition of 1898, of what is now the International List. It was used to obtain suggestions for revision, many of which were printed from time to time in the current issues of the Michigan Monthly Bulletin of Vital Statistics. Three Commissions were appointed by the American Public Health Association to represent Canada, Mexico, and the United States.

(5) Zur Internationalen Nomenclatur der Todesursachen. Kritische Bemerkungen zu Dr. Bertillon's Vorschlägen. Von Dr. Josef von Körösy, Director des Budapester communalstatistischen Bureau's. Berlin: 1899.

(6) Exposé Sommaire des Observations présentées par diverses autorités statistiques à la Commission Internationale chargée de réviser la Nomenclature Internationale des Maladies (Causes de décès—Causes d'incapacité de travail). (Bertillon Classification.) Paris: 1900.

(7) Commission Internationale chargée de réviser la Nomenclature des Causes de Décès (Classification Bertillon), 18 août-21 août, 1900. Procès-verbaux. Paris: 1900.

(8) Nomenclatures des Maladies (Statistique de morbidité.—Statistique des causes de décès) arrêtées par la Commission Internationale chargée de réviser les nomenclatures nosologiques (Paris, 18-21 août 1900) pour être en usage à partir du 1er janvier 1901. Développement des rubriques.—Dictionnaire des maladies.—Tableaux indiquant comment doivent être classés les décès attribués simultanément à deux causes de mort différentes. Publié par le Dr. Jacques Bertillon, chef des travaux statistiques de la ville de Paris. Paris: 1900. This is the first edition of the First Revision of the International List.

(9) Same. Montévrain: 1903. This is the second and final edition of the First Revision. It differs chiefly in the more precise indications for the assignment of joint causes of death. Perhaps a reprint from the Recueil trimestriel de statistique municipale de la ville de Paris, 3e trimestre 1902. No English edition has ever been published of this final version.

(10) The International System of Nomenclature of Diseases and Causes of Death (Bertillon Classification) as adopted by the Eighth International Congress of Hygiene and Demography, Paris, August 18-21, 1900. Translated in the Bureau of the Marine-Hospital Service by Passed Asst. Surg. H. D. Geddings. [Supplement to Public Health Reports, Dec. 7, 1900.]

(11) Manual of International Classification of Causes of Death. Adopted by the United States Census Office for the compilation of mortality statistics, for use beginning with the year 1900. Prepared under the supervision of William A. King, chief statistician for vital statistics. Washington: 1902.

(12) Index of the Bertillon Classification of Diseases and Causes of Death. United States Department of Labor, 1902.

(13) Relation of Physicians to Mortality Statistics. The International Classification of Causes of Death as adopted by the United States Census Office and approved by the American Public Health Association. Washington: 1903. This pamphlet, explanatory of the International Classification and seeking to secure more definite statements of cause of death, was distributed to all physicians in the United States.

(14) The Nomenclature of Diseases and of Causes of Death, as revised and adopted in 1900 by the International Commission and published by Dr. Jacques Bertillon

(*Chef des travaux statistiques de la ville de Paris*), together with a Guide for Tabulation in cases where more than one cause of death is assigned. For the use of members of the medical profession, of statisticians, of registrars of death, and for general information. Published by the Commonwealth Bureau of Census and Statistics, Australia. Melbourne: [1907].

(15) *Exposé Sommaire des Observations présentées par diverses autorités statistiques à la Commission Internationale chargée de la révision décennale de la Nomenclature Internationale des Maladies (Causes de décès—Causes d'incapacité de travail).* (Bertillon Classification.) Deuxième session—1909. Paris: 1909.

(16) *Commission Internationale chargée de la révision décennale de la Nomenclature Internationale des Maladies (Causes de décès—Causes d'incapacité de travail).* (Classification Bertillon.) Deuxième session—1909. Procès-verbaux. Paris: 1911.

(17) *Nomenclature des Maladies (Statistique de morbidité—Statistique des causes de décès)* arrêtée par la Commission Internationale chargée de la révision décennale de la Nomenclature Nosologique Internationale (Nomenclature Bertillon) dans sa deuxième session, 1909. (Paris, 1er, 2, 3 juillet 1909.) Paris: 1909. A first and a second slightly corrected impression of the *Second Revision of the International List*.

(18) *International Classification of Causes of Sickness and Death.* Revised by the International Commission at the session of Paris, July 1 to 3, 1909, for use beginning January 1, 1910, and until December 31, 1919. Washington: 1910. A translation of the French edition of the Second Revision for the use of American registration officials until a new edition of the Manual (the present publication) could be prepared.

(19) *Physicians' Pocket Reference to the International List of Causes of Death.* Washington: 1910. Distributed by the Bureau of the Census to all physicians and to many state and city registration offices in the United States.

(20) *Nomenclature of Diseases (Statistics of morbidity—Statistics of causes of death)* agreed upon by the International Commission charged with the Decennial Revision of the International Nosological Nomenclature (Bertillon Nomenclature) in its Second Session—1909. (Paris: July 1, 2, and 3, 1909.) Sydney: 1910. Prepared by the Bureau of Census and Statistics of the Commonwealth of Australia.

(21) *The Bellevue Hospital Nomenclature of Diseases and Conditions with Rules for the Recording and Filing of Histories.* Compiled by the Committee on Clinical Records composed of: Robert J. Carlisle, M. D.; Warren Coleman, M. D.; Thomas A. Smith, M. D.; Edmund L. Dow, M. D. Revised and made to conform to the International Classification, 1911. Copyright, 1911, by the Board of Trustees of Bellevue and Allied Hospitals. New York: 1911. This is the first Nomenclature, in the sense of an arrangement of accepted medical terms recommended, and indeed, so far as the returns to be made by physicians under the authority of the Board are concerned, prescribed, in which the desirability of uniformity for the comparison of hospital statistics has led to the adoption of the International List as a basis.

(22) *Nomenclature for Causes of Physical Disability in the Navy.* By Surg. Charles N. Fiske, United States Navy. United States Naval Medical Bulletin, Vol. 5, No. 2, April, 1911, page 149. Contains a valuable chart comparing the "Lists of Titles of Diseases and Causes of Death" of the International with the Army and Navy nomenclatures.

(23) *MANUAL OF THE INTERNATIONAL LIST OF CAUSES OF DEATH.* The present volume.

(24) Manual soon to be published by the Registrar-General of England and Wales. A typewritten copy of the Tabular List, with inclusions, of this work has been available for reference through the courtesy of Dr. T. H. C. Stevenson, Medical Superintendent of the General Register Office, in the preparation of the present publication.

DEATH OF DOCTOR FOSTER.

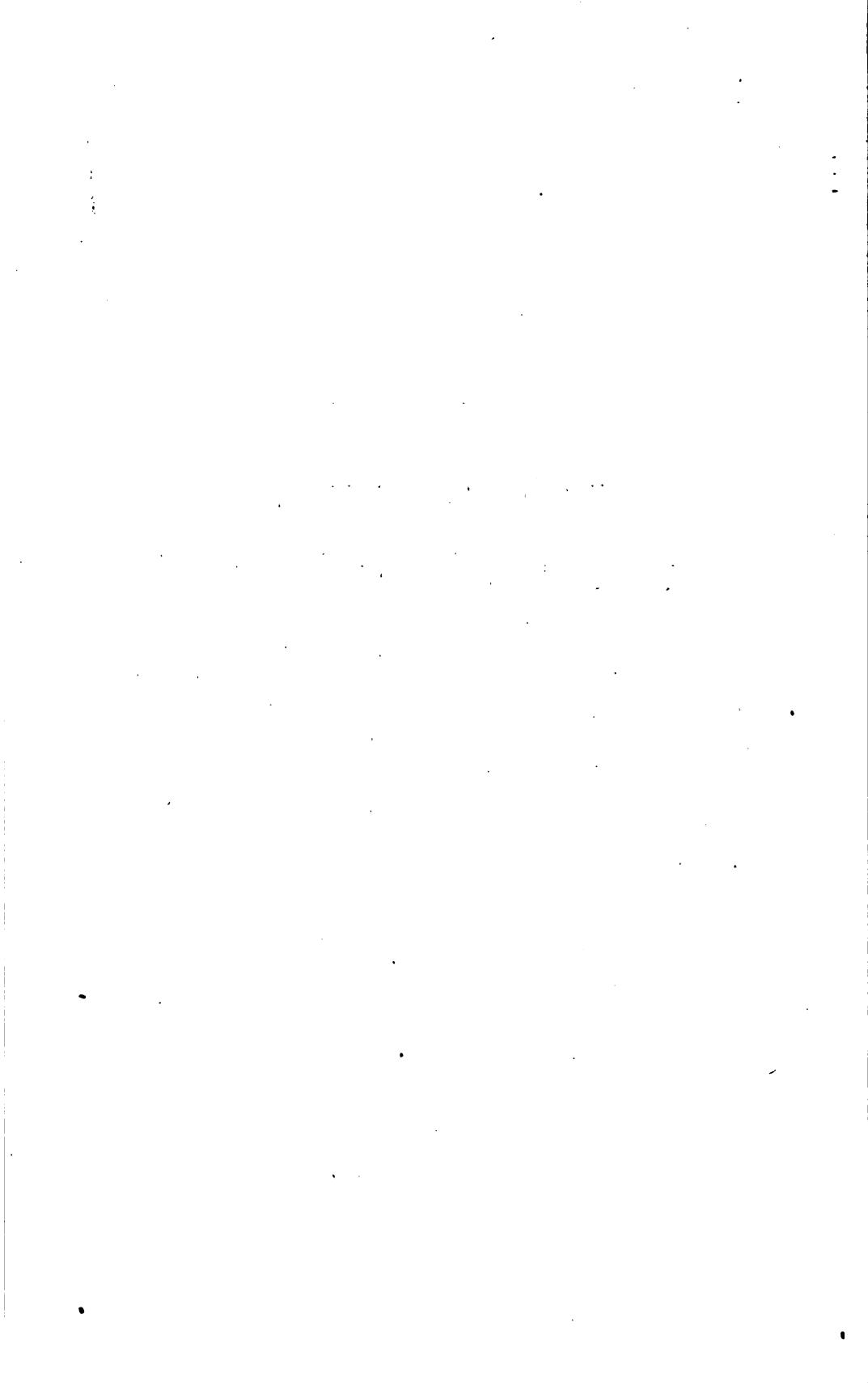
During the passage of the Manual through the press the death of Dr. Frank P. Foster, on August 13, 1911, was announced. Doctor Foster was for over thirty years the editor of the *New York Medical Journal* and was recognized as the dean of the medical editors of this country. His Encyclopedic Medical Dictionary and other standard works of medical reference are lasting memorials of his broad scholarship. As chairman of the Committee on Nomenclature and Classification of Diseases of the American Medical Association, Doctor Foster took an active part in all the work preliminary to the Second Decennial Revision of the International List and was a member of the special Census Commission appointed under authority of an act of Congress to represent the United States. He personally examined the manuscript of the Tabular List of this Manual and on page 15 may be found the report of the Committee on Nomenclature to the American Medical Association at Los Angeles, 1911, the last of several prepared by him on this subject.

As stated in an appreciative editorial in the *Journal of the American Medical Association*, "Doctor Foster was a moral and intellectual force in medical literature. He took an active interest in all that related to medicine, and his influence was always in the right direction. His friends count it a privilege to recall his fine character, his charitable judgment, his facile pen, and his ever-ready assistance so freely given from his great store of knowledge."

TABULAR LIST.

SHOWING TERMS INCLUDED UNDER EACH TITLE OF THE
DETAILED INTERNATIONAL LIST OF CAUSES OF DEATH
(SECOND DECENTNIAL REVISION BY THE INTERNATIONAL
COMMISSION, PARIS, JULY 1 TO 3, 1909).

WITH ADDITIONAL TERMS DESIGNATING CAUSES OF DEATH
FROM THE NOMENCLATURE OF DISEASES OF THE ROYAL
COLLEGE OF PHYSICIANS OF LONDON (FOURTH EDITION),
FROM THE BELLEVUE HOSPITAL NOMENCLATURE OF
DISEASES AND CONDITIONS, AND FROM TRANSCRIPTS OF
CERTIFICATES OF DEATH RETURNED TO THE BUREAU
OF THE CENSUS.



EXPLANATORY.

The terms included in the following Tabular List are chiefly those that are reported as causes of death. Many terms, as, for example, the names of certain affections of the eye, ear, skin, trivial injuries, etc., that occur in the International List of Diseases as employed for hospital or general morbidity statistics, are omitted. The present publication is intended for use solely in connection with the compilation of mortality statistics. It is not intended to be a complete *nomenclature* of diseases and pathological conditions, but it contains all the important terms likely to be employed as denoting causes of death that are given in the last editions of the Nomenclatures of the Royal College of Physicians of London and of Bellevue and Allied Hospitals of New York. It also contains many additional terms, some of them indefinite and incapable of satisfactory assignment, that occur upon certificates of death and hence must be provided for in the scheme of statistical tabulation. It is hoped that by cooperation of the medical profession many of these terms may pass into disuse, and that as a result the accuracy of the mortality statistics will be improved.

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and the first half of the twentieth century. The other, and more difficult, problem of the period is how to express as far as possible the original character of the material, which is often too brief, too incomplete, too confused, and too inaccurate to be used as a basis for further research. This is particularly true of the early period, when the available material is extremely sparse. The author has tried to meet this difficulty by giving a detailed account of the available material, and by pointing out the main features of the early period. He has also tried to give a clear picture of the development of the language during the period, and to show how it has changed over time. The author has also tried to give a clear picture of the development of the language during the period, and to show how it has changed over time.

TABULAR LIST

SHOWING TERMS INCLUDED UNDER EACH TITLE OF THE DETAILED INTERNATIONAL LIST OF CAUSES OF DEATH (SECOND DECENNIAL REVISION, PARIS, JULY 1 TO 3, 1909).

I.—GENERAL DISEASES.

1. Typhoid fever.

This title includes:

Abdominal fever
typhoid
typhus
Abortive typhoid
Ambulant typhoid
Cerebral typhoid
typhus
Continued fever
Enteric fever
Enterica
Gastroenteric fever
Haemorrhagic typhoid fever
Ileotyphus
Intermittent typhoid fever
Malignant typhoid fever
Mountain fever
Paratyphoid fever

Paratyphus
Posttyphoid abscess
Rheumatic typhoid fever
Typhobilious fever
Typhoenteritis
Typhogastric fever
Typhoid fever
malaria
meningitis
stupor
ulcer
Typhomalaria
Typhomalarial fever
Typhoperitonitis
Typhus (unqualified)¹
abdominalis

Frequent complications: Pneumonia.—Pulmonary congestion.—Intestinal perforation.—Peritonitis.—Hemorrhage.—Sloughing.—Albuminuria.—Phlebitis.—Thrombosis.—Cholecystitis.

2. Typhus fever.

This title includes:

Exanthematic typhus
Petechial fever

Petechial typhus
Typhus fever¹

This title does not include: Abdominal typhus (1).

3. Relapsing fever.

This title includes:

Famine fever
Febris melitensis
Malta fever²
Mediterranean fever³

Recurrent fever
typhus³
Relapsing fever
(spirillum) fever

Frequent complications: Hemorrhages.—Abscesses.—Furuncles.—Parotiditis.—Sloughing.

¹ The majority of deaths returned in the United States from "typhus" or "typhus fever" are in reality from typhoid fever. Deaths properly chargeable to International title No. 2 are so extremely rare in this country that the Bureau of the Census invariably makes an effort to identify each as a case of true exanthematic typhus. If no additional information can be obtained, "typhus" is compiled under (1) and "typhus fever" under (2).

² Malta fever should preferably be given as a subdivision of (19). Any deaths reported from this cause will be noted on the total for (19), which is numerically unimportant.

³ Verify; if typhoid fever, compile under (1), and if typhus fever, under (2).

I.—GENERAL DISEASES—Continued.

4. Malaria.

This title includes:

Estivoautumnal fever	Malarial haemoglobinuria
malaria	Aepatitis
Ague	infection
Bilious intermittent fever	neuralgia
remittent fever	pneumonia
Blackwater fever	poisoning
Chagres fever	spleen
Chill (in malarial regions)	toxæmia
Chills and fever	
Congestive malaria	Malignant tertian
malarial fever	Maremmatic fever
remittent fever	Marsh-anæmia
Dumb ague	cachexia
Estivoautumnal fever	fever
Fever and ague	Miasma
chills	Miasmatic fever
Gastric remittent fever	Paludal anæmia
Gastromalarial fever	cachexia
Hæmoglobinuria fever (malaria)	fever
Hæmorrhagic malaria	Panama fever
Impaludism (unqualified)	Pernicious attack
Intermittent fever	cachexia
Malaria	chill (in malarial regions)
of liver	fever
of spleen	intermittent fever
Malarial anæmia	malaria
cachexia	Quartan fever
congestion	malaria
of brain	Quotidian fever
diarrhoea	Remittent fever
disease	malaria
dropsy	Tertian fever
fever	malaria
haematuria	

5. Smallpox.

This title includes:

Black smallpox
Confluent smallpox
Discrete smallpox
Hæmorrhagic smallpox
Malignant smallpox

This title does not include: Varicella (19).*Frequent complications:* Meningitis.—Endocarditis.—Suppuration.—Albuminuria.—Cellulitis.—Parotiditis.—Edema glottidis.—Pneumonia.—Otitis.

6. Measles.

This title excludes:

Black measles
Hæmorrhagic measles
Measles
Mealy eruption

This title does not ordinarily include: Rubeola (19).—Rubeolar eruption (19).*Most frequent complications:* Bronchitis.—Bronchopneumonia, etc.—Otitis.—Mastoiditis.—Gangreneous stomatitis.

I.—GENERAL DISEASES—Continued.

7. Scarlet fever.

This title includes:

Canker rash	Scarlatinal albuminuria
Febris rubra	angina
Nephritis following scarlet fever	convulsions
Puerperal scarlatina	eclampsia
Scarlatina	nephritis
anginosa	
maligna	
Scarlatinal (any disease or condition so qualified)	Scarlet fever
	rash

Frequent complications: Acute nephritis.—Albuminuria.—Bright's disease.—Eclampsia.—Edema of the glottis.—Hemorrhage.—Endocarditis.—Nephritis.—Pericarditis.—Purpura.—Pulmonary Convulsions.—Arthritis.—Cellulitis.—Erysipelas.—Otitis.—Mastoiditis.—Pneumonia.—Suppurative pleurisy.—Thrombosis of cerebral sinus.

8. Whooping cough.

This title includes:

Pertussis	Whooping cough
Tussis convulsiva	

Frequent complications: Bronchitis.—Convulsions.—Bronchopneumonia.

9. Diphtheria and croup.

This title includes:

Acute exudative angina	
Angina trachealis	
Bronchial croup	
Buccal diphtheria	
Croup	
Croupous angina	
laryngitis	
tonsillitis	
Cutaneous diphtheria	
Cynanche	
tonsillaris (diphtheritic)	
Diphtheria	
of bronchi	
conjunctiva	
fauces	
larynx	
mouth	
nose	
oesophagus	
palate	
pharynx	
skin	
tonsil	
trachea	
vulva	
wound	
Diphtheritic anæmia	
angina	
bronchopneumonia	
conjunctivitis	
croup	
laryngitis	
neuritis	
ophthalmia	
paralysis	
tonsillitis	

This title does not include: Stridulous croup (87).—Spasmodic croup (87).—False croup (87).
Frequent complications: Pneumonia.—Albuminuria.—Paralysis.—Acute nephritis.—Edema glottidis.—Cellulitis.

Scarlatinal albuminuria	
angina	
convulsions	
eclampsia	
nephritis	
Scarlet fever	
rash	
Exudative angina	
Fibrinous laryngitis	
Gangrenous angina (diphtheritic)	
diphtheria	
sore throat	
tonsillitis	
Infectious angina	
croup	
Inflammatory croup	
Laryngeal croup	
Malignant angina	
cynanche	
diphtheria	
laryngitis	
pharyngitis	
sore throat	
tonsillitis	
Membranous angina	
bronchitis	
croup	
laryngitis	
pharyngitis	
tonsillitis	
tracheitis	
Nasal diphtheria	
Postdiphtheritic nephritis	
neuritis	
Pseudodiphtheria	
Pseudomembranous angina	
bronchitis	
croup	
laryngitis	
tonsillitis	
Putrid sore throat	
Ulcerated sore throat	

I.—GENERAL DISEASES—Continued.

10. Influenza.*This title includes:*

Bronchial influenza	Grippe
Bronchitis due to grippe	Influenza
Bronchopneumonia due to grippe	followed by pneumonia
Catarrhal influenza	Influenzal pneumonia
Epidemic catarrh	La grippe
Epizootic	Meningeal grippé
Gastric influenza	Pneumonia due to grippe

Frequent complications: Otitis.—Meningitis.**11. Miliary fever.***This title includes:*

Miliary fever	Sweating sickness
Sweating fever	

Frequent complications: Anæmia.—Convulsions.—Hæmorrhages.—Pneumonia.—Enteritis.**12. Asiatic cholera.***This title includes:*

Asiatic cholera	Epidemic cholera (where Asiatic cholera is prevalent)
Cholera (where Asiatic cholera is prevalent)	

13. Cholera nostras.*This title includes:*

Acute cholera ¹	Choleriform diarrhoea (2y+)
Bilious cholera ¹	enteritis (2y+)
Cholera (except where Asiatic cholera is prevalent) ¹	
<i>gravis</i> ¹	Cholerine
<i>morbis</i> ¹	English cholera
<i>nostras</i> ¹	Malignant cholera morbus ¹
Choleraic diarrhoea (2y+)	Spasmodic cholera ¹
	Sporadic cholera ¹
	Winter cholera ¹

This title does not include: Cholera infantum (104).—Antimonial cholera (165).—Hernial cholera (109).**14. Dysentery.***This title includes:*

Amœbic dysentery	Dysenteric diarrhoea
enteritis	Dysentery
Asylum dysentery	Entamœbic dysentery
Bacillary dysentery	Epidemic dysentery
Balantidic dysentery	Gangrenous dysentery
Bilious dysentery	Hæmorrhagic dysentery
Bloody flux	Malarial dysentery
Catarrhal dysentery	Serosanguineous flux
Chinese dysentery	Sporadic dysentery
Choleric dysentery	Tropical diarrhoea
Cochin-China dysentery	dysentery

Frequent complication: Abscess of liver.¹ The word "Cholera" should never be used except for "Asiatic cholera."

I.—GENERAL DISEASES—Continued.

15. Plague.*This title includes:*

Bubonic plague

Climatic bubo

Malignant polyadenitis

Pest

Plague
(pulmonary form)
(septichæmic form)
Pneumonic plague

16. Yellow fever.*This title includes:*

Black vomit

Febris flava

Hæmogastric fever
Yellow fever

17. Leprosy.*This title includes:*

Anaesthetic leprosy

Elephantiasis Græcorum

Leprosy

- of conjunctiva
- cornea
- external meatus
- fauces
- larynx
- nerve

Leprosy of nose
oesophagus
palate
pharynx
sclerotic
skin
tongue
Nodular leprosy
Tubercular leprosy

This title does not include: Elephantiasis Aræbum (148).—Morvan's disease (68).—Syringomyelia (68).**18. Erysipelas.***This title includes:*

Erysipelas

- after vaccination
- neonatorum
- of brain
- eyelid
- face
- head
- leg
- lip
- lymphatic vessel
- meninges
- orbit
- scrotum
- skin

Erysipelas of umbilical cord
wound
Erysipelatous fever
meningitis
phlegmon
toxæmia
Gangrenous erysipelas
Infantile erysipelas
Phlegmonous erysipelas
Saint Anthony's fire
Suppurative erysipelas
Surgical erysipelas
Traumatic erysipelas

This title does not include: Erysipelatous laryngitis (87).—Erysipelatous angina (100).—Puerperal erysipelas (137).*Frequent complications:* Purulent otitis.—Meningitis.—Diffuse phlegmon.—Phlegmon and gangrene of the eyelids.—Keratitis.—Conjunctivitis.—Parotiditis.—Endocarditis.—Myocarditis.—Nephritis.—Albuminuria.—Pneumonia.

I.—GENERAL DISEASES—Continued

19. Other epidemic diseases.

NOTE.—Should any of the diseases included under title 19 show marked prevalence, it will be necessary to provide special provisional subtitles here.

This title includes:

Acrodynia	Hæmoglobinuric fever (nonmalarial)
Acute parotiditis	Mexican typhus (tabardillo)
parotitis	Milk sickness (trembles)
Breakbone fever	Mumps
Chicken pox	Pappataci fever
Dengue	Parotid cynanche
fever	Parotiditis (mumps)
Epidemic	Parotitis (mumps)
disease (not elsewhere included)	Rocky Mountain spotted fever
parotitis	Rose rash
rose rash	Roseola
Epizootic stomatitis	Rötheln
Exanthematic fever	Rubella
Filariasis	Rubeola (when not signifying measles)
Foot and mouth disease	Tabardillo (Mexican typhus)
Framboesia	Tick bite fever
Gangosa	Trembles (milk sickness)
German measles	Varicella
Glandular fever	Yaws

This title does not include: Epidemic cerebrospinal meningitis (61).

20. Purulent infection and septicaemia.

NOTE.—When a female of childbearing age (approximately 15 to 44 years) is reported to have died of "Septichæmia," or other equivalent term, and without further explanation, the certificate should be returned so that the attending physician may state whether the condition was or was not puerperal. See also page 117.

This title includes:

Absorption of pus	Pyogenic infection
Aerogenes capsulatus infection	Pyohæmia
Anatomical wound	Pyoseptichæmia
Autovaccination	Sapremia
Blood poisoning	Sepsis
Cowpox	Septic absorption
Dissection wound	autoinfection
General sepsis	cellulitis
septichæmia	chill
Hospital gangrene	fever
Infected wound	infection
Infection from vaccination	intoxication
Postmortem wound	mania
Purulent infection	Septichæmia
Putrid fever	Staphylococcus infection
infection	Streptococchæmia
Pyæmia	Streptococcus infection
of joint	Suppurative septichæmia
Pyæmic abscess	Vaccinal infection
embolism	Vaccination
fever	Vaccinia
obstruction	
synovitis	

* See note under (6).

I.—GENERAL DISEASES.—Continued.

21. Glanders.

This title includes:

Equinia	1872	Glanders of nose	1872
Farcy	1872	skin	1872
Glanders	1872	Malleus sepsis	1872

of lymphatic gland

22. Anthrax.

This title includes:

Anthrax	1872	Charbon	1872
of intestine	1872	Malignant pustule	1872
lip	1872	Splenitis	1872
skin	1872	Woolsorters' disease	1872

stomach

23. Rabies.

This title includes:

Bite of mad dog	1872	Rabies	1872
Hydrophobia	1872		

This title does not include: Lyssophobia (68).—Sitiophobia (68).

24. Tetanus.

This title includes:

Emprosthetonus	1872	Traumatic tetanus	1872
Lockjaw	1872	Trismus	1872
Opisthotonus	1872	neonatorum	1872
Pleurostethonus	1872	of newborn	1872
Tetanus	1872		

 neonatorum

This title does not include: Tetany (74).

25. Mycoses.

This title includes:

Actinomycosis	1872	Favus	1872
of bone	1872	Fungoid mycosis	1872
caecum	1872	Madura disease	1872
intestine	1872	foot	1872
jaw	1872	Mycetoma	1872
liver	1872	Mycosis fungoidea	1872
lung	1872	of pharynx	1872
mouth	1872	tonsil	1872
Aspergillosis	1872	Parasitic cyst	1872
Blastomycosis	1872	Pneumomycosis	1872
of skin	1872	Sporotrichosis	1872
Discomycosis	1872	Streptomyces	1872

This title does not include: Hydatid cyst or hydatid tumor; of the liver (112), or of the lung (98).—Intestinal parasites (107).—Distoma hepaticum (107).—Cysticerci (107).

I.—GENERAL DISEASES—Continued.

26. Pellagra.*This title includes:*

Insanity of pellagra	| Pellagra
<i>Frequent complications:</i> Cachexia.—Dermatitis.—Diarrhoea.—Insanity.—Suicide.	

27. Beriberi.*This title includes:*

Beriberi	| Neuritis multiplex endemica
Kakké	| Panneuritis endemica

28. Tuberculosis of the lungs.

Note.—Deaths from tuberculosis of two or more organs should be assigned to title 28 (or 29) if the lungs are involved; otherwise to title 35.

This title includes:

Caseous bronchitis	| Specific ¹ laryngitis
pneumonia	pneumonia
tuberculosis	tuberculosis
Catarrhal tuberculosis	Subacute phthisis of larynx
Chronic phthisis	tuberculosis of larynx
pneumonic phthisis	Tubercle
tuberculosis	of larynx
tuberculous disease	Tuberculosis
inflammation	of air passage
pneumonia	bronchi
ulcerative tuberculosis	bronchial gland
Congenital tuberculosis	larynx
Consumption	lung
of lung	pleura
throat	throat
Fibroid phthisis	trachea
tuberculosis	pulmonalis
Infantile phthisis	Tuberculous abscess of lung
tuberculosis	anaemia
Interstitial tuberculosis	asthma
Laryngeal phthisis	bronchitis
tuberculosis	bronchopneumonia
Lupus of larynx	diathesis
Phthisis	disease (undefined)
of larynx	emphysema
lung	empyema
pulmonalis	haemoptysis
Plastic bronchitis	hydropneumothorax
Pneumonic phthisis	infection
tuberculosis	inflammation
Pulmonary cavity	laryngitis
consumption	marasmus
phthisis	phthisis
tuberculosis	pleurisy
Scrofulous bronchitis	pneumonia
consumption	pneumothorax
Septic tuberculosis	pyæmia
Specific ¹ bronchitis	Ulcerative tuberculosis

This title does not include: Haemoptysis (unqualified) (98).—Pulmonary haemorrhage (98).—Bronchorrhagia (unqualified) (98).—Apical pneumonia (92).—Pulmonary anthracosis (98).

Frequent complications: Haemorrhage.—Pneumonia.—Pleurisy.—Diarrhoea.—Pneumothorax.

¹ When "specific" means syphilitic, assign to (37).

I.—GENERAL DISEASES—Continued.

29. Acute miliary tuberculosis.

Note.—See note under preceding title.

This title includes:

Acute bronchopneumonic tuberculosis
 general miliary tuberculosis
 taberculosis
 miliary tuberculosis
 phthisis
 pneumonic phthisis
 pulmonary miliary tuberculosis
 tuberculosis
 tuberculous disease
 inflammation
 pneumonia
 ulcerative tuberculosis

Galloping consumption
 phthisis
 tuberculosis
 General miliary tuberculosis
 Malignant tuberculosis
 Miliary phthisis
 tuberculosis
 Pernicious tuberculosis
 Phthisis florida
 Quick consumption
 Tuberculosis florida
 Typhoid tuberculosis

30. Tuberculous meningitis.

This title includes:

Basilar meningitis
 Caseous meningitis
 Cerebral tuberculosis
 tuberculous meningitis
 Cerebrospinal tuberculosis
 Consumption of brain
 Granular meningitis
 Miliary meningitis
 Neoplastic meningitis
 Purulent basilar meningitis
 Specific¹ meningitis
 Tuberculosis of brain
 cerebellum
 cerebral meninges

Tuberculosis of cerebrospinal meninges
 cerebrum
 membrane of brain
 meninges
 spinal membrane
 meninges
 Tuberculous encephalitis
 hydrocephalus
 inflammation of membrane
 of brain
 meningitis
 of brain
 spinal cord
 tumor of brain

This title does not include: Meningitis (unqualified), even among very young children (61).

31. Abdominal tuberculosis.

This title includes:

Abdominal consumption
 tuberculosis
 Consumption of bowel
 intestine
 Disease of mesenteric gland
 Enteric tuberculosis
 Enteromesenteric fever
 Intestinal tuberculosis
 Mesenteric disease
 fever
 tuberculosis
 Specific¹ peritonitis
 Tabes mesenterica
 Tuberculosis of abdomen
 alimentary canal
 anus
 appendix
 bowel
 digestive tract

Tuberculosis of intestine
 mesenteric gland
 omentum
 peritoneum
 rectum
 stomach
 Tuberculous appendicitis
 ascites
 colitis
 diarrhoea
 dysentery
 enteritis
 gastritis
 gastroenteritis
 ileocolitis
 peritonitis
 proctitis
 ulcer of bowel
 intestine

¹ When "specific" means *syphilitic*, assign to (37).

I.—GENERAL DISEASES—Continued.

32. Pott's disease.*This title includes:*

Abscess of spine	Spinal abscess
vertebrae	caries
Caries of spine	disease
vertebrae	tuberculosis
Cerebrospinal caries	Spondylitis (not deformed)
Disease of backbone	Tuberculosis of spinal column
spine	spine
vertebrae	vertebrae
Inflammation of spine	Tuberculous abscesses of vertebrae
Lumbar abscess	caries of sacrum
Necrosis of lumbar vertebrae	inflammation of spine
spinal column	lumbar abscess
spine	spondylitis
Polyarthritides of spine	Ulcer of spine
Pott's disease	Vertebral caries
Pressure-atrophy of spine	disease
Psoas abscess	necrosis
and lumbar abscess	polyarthritis

Frequent complications: Cold abscess—Paraplegia.**33. White swellings.***This title includes:*

Abscess of hip	Suppurative hip disease
Articular tuberculosis	Tuberculosis of hip
Coxalgia	joint
Coxitis	knee
Disease of hip joint	Tuberculous abscess of knee
Fungous growth of joint	arthritis
tumor of knee	coxalgia
Hip disease	disease of hip
joint disease	inflammation of knee
Morbus coxarius	swelling of joint
Pulpy degeneration of synovial membrane	synovitis
Scapulalgia	White swelling
	tumor

34. Tuberculosis of other organs.*This title includes:*

Caseation of lymphatic gland	Osseous tuberculosis
Caseous epididymitis	Ossifluous abscess
Chronic abscess	Osteal tuberculosis
Cold abscess	Scrofula
Consumption of liver	Scrofulide
Ganglionic tuberculosis	Scrofuloderma
General glandular tuberculosis	Scrofulosis
Genitourinary tuberculosis	Scrofulous abscess
King's evil	adenitis
Lupus	bubo
exedens	diathesis
of conjunctiva	lymphatism
fauces	ulcer
nose	
cesophagus	
palate	
pharynx	
vulgaris	
Lymphatic tuberculosis	Struma
Ocular tuberculosis	Strumous abscess

I.—GENERAL DISEASES—Continued.

34. Tuberculosis of other organs—Continued.

This title includes:

Tuberculide	.....
Tuberculosis of artery	.....
arteria	.....
bladder	.....
bone	.....
breast	.....
bursa	.....
choroid	.....
conjunctiva	.....
cornea	.....
Cowper's gland	.....
ear	.....
epididymis	.....
eye	.....
Fallopian tube	.....
fauces	.....
femur	.....
gland	.....
gum	.....
heart	.....
kidney	.....
lip	.....
liver	.....
lymph gland	.....
node	.....
lymphatic gland	.....
vessel	.....
mammary gland	.....
middle ear	.....
mouth	.....
muscle	.....
nasal passage	.....
nasopharynx	.....
nerve	.....
nose	.....
esophagus	.....
ovary	.....
palate	.....
pancreas	.....
pelvis	.....
penis	.....
pericardium	.....
pharynx	.....
prepuce	.....
prostate	.....
reproductive organ	.....
scrotum	.....
skin	.....
spermatic cord	.....

Tuberculosis of spinal cord	.....
spleen	.....
testicle	.....
thymus gland	.....
thyroid gland	.....
tongue	.....
tonsil	.....
ureter	.....
urethra	.....
uterus	.....
uvula	.....
vagina	.....
vulva	.....
Tuberculous abscess	.....
of breast	.....
gland	.....
perineum	.....
side	.....
adenitis	.....
cellulitis	.....
cyst of ovary	.....
cystitis	.....
degeneration of pancreas	.....
spinal cord	.....
disease of heart	.....
epididymitis	.....
gangrene	.....
hepatitis	.....
lymphadenitis	.....
lymphangitis	.....
necrosis	.....
nephritis	.....
oophoritis	.....
orchitis	.....
osteitis	.....
of femur	.....
osteomyelitis	.....
otitis	.....
ovaritis	.....
perineal abscess	.....
pharyngitis	.....
prostatitis	.....
pyonephrosis	.....
salpingitis	.....
tonsillitis	.....
tumor	.....
ulcer	.....
Universal scrofulosis	.....

35. Disseminated tuberculosis.

NOTE.—Deaths from tuberculosis of two or more organs should be assigned to title 28 (or 29) if the lungs are involved.

This title includes:

Chronic general miliary tuberculosis	.....
tuberculosis	.....
miliary tuberculosis	.....
Diffuse tuberculosis	.....
Disseminated tuberculosis	.....
General tuberculosis	.....

General tuberculous infection	.....
Generalized tuberculosis	.....
Multiple tuberculosis	.....
Systemic tuberculosis	.....
Tuberculous degeneration	.....

I.—GENERAL DISEASES—Continued.

36. Rickets.

This title includes:

Achondroplasia	Mollities ossium
Angular curvature of spine deformity of spine	Osteomalacia
Anterior curvature of spine	Posterior curvature of spine
Curvature of spine	Pulmonary osteoarthropathy
Cyphosis	Rhachitic deformity of chest
Hypertrophic osteoarthropathy	Rhachitis
Kyphoscoliosis	Rhachitism
Kyphosis	Rickets
Lateral curvature of spine	Scoliosis
Lordosis	Softening of bone

37. Syphilis.

This title includes:

Chancre (unqualified) of face mouth	Rupia Secondary lesion syphilis
Condyloma of anus penis vulva	Snuffles Specific adenitis blood poisoning disease inanition iritis lesion lichen marasmus meningoencephalitis
Congenital lues specific pemphigus syphilis syphilitic hepatitis	disease inanition iritis lesion lichen marasmus meningoencephalitis
Gumma of brain	myelitis paralysis rhachitis ulcer
Gummatus liver	Spinal syphilis
Hard chancre	Syphilide
Hereditary lues syphilis	of newborn
Indurated chancre	Syphilis (unqualified, or of any organ or part of the body)
Infecting chancre	Syphilis insontium neonatorum
Inherited syphilis	Syphilitic (any affection)
Lues infantum venerea	Tertiary lesion syphilis
Morbus Gallicus	Tubercular syphilide
Mucous patches	Venereal disease
Osteoscopic pains	
Pox	
Primary lesion syphilis	
Pulmonary syphilis	

38. Gonococcus infection.

This title includes:

Balanitis
 Balanoposthitis
 Balanorrhagia
 Blennorrhagia
 Blennorrhagic (see Gonococcic)
 Blennorrhcea
 Bubo of soft chancre
 Chancroid
 of penis
 vulva
 Chordee
 Clap
 Conjunctivitis of newborn infant
 Gleet

Gonococcic arthritis
babio conjunctivitis
cystitis disease
endocarditis
epididymitis
infection
iritis
metritis metrovaginitis
ophthalmia
orchitis
peritonitis
rheumatism

I.—GENERAL DISEASES—Continued.

38. Gonococcus infection—Continued.

This title includes:

Gonococcal urethritis	Purulent ophthalmia of newborn infant
vaginitis	Simple chancre
vulvitis	Soft chancre
Gonococcus infection (of any organ)	of penis
Gonorrhœa	scrotum
Gonorrhœal (see Gonococcic)	vulva
Infantile conjunctivitis	sore
Inguinal bubo	Specific rheumatism
Ophthalmia neonatorum	urethritis
Phagedenic abscess	Urethritis
bubo	Vaginitis
chancre	Venereal adenitis
ulcer	bubo
Purulent conjunctivitis	Virulent bubo
ophthalmia	

This title does not include: Chancre, or bubo: infecting or syphilitic (37).—Chancre of the mouth (37).—Scrofulous bubo (34).—Suppurating bubo (84).—Bubo of plague (15).—Bubo (unqualified) (84).—Vaginitis (132).—Vaginalitis (127).

Frequent complications: Bubo.—Adenitis.—Cystitis.—Orchitis.—Arthritis.—Ophthalmia.—Epildymitis.—Salpingitis.—Endometritis.

CANCERS AND OTHER MALIGNANT TUMORS.

NOTE.—The term "Cancer," for statistical purposes, is a general one that includes all forms of malignant neoplasms.

Forms of cancer.

Adenocarcinoma	Malignant disease
Alveolar cancer	endothelioma
sarcoma	fungous tumor
Angiosarcoma	growth
Cancer	neoplasm
Cancéroux new growth	new growth
tumor	perithelioma
ulcer	tumor
Carcinoma	ulcer
myxomatodes	ulceration
Cancroid	Medullary cancer
Cephaloma	fungus
Chondrosarcoma	Melanoid tumor
Colloid carcinoma	Melanosarcoma
tumor	Melanotic cancer
Columnar-celled carcinoma	Metastatic cancer
Cystosarcoma	Myeloid sarcoma
Encephaloid cancer	Myxosarcoma
carcinoma	Neoplastic tumor (malignant)
tumor	Ossifying sarcoma
Endothelioma	Osteosarcoma
Epithelioma	Papilliferous carcinoma
Fibrocarcinoma	Plexiform sarcoma
Fibrosarcoma	Rose cancer
Painful hematoctes	Reuhd-celled cancer
Giant-celled sarcoma	Sarcoma
Glandular cancer	Scirrhous carcinoma
Hæmendothelioma	Scirrus
Heteromorphic tumor	Spheroidal-celled carcinoma
Hypernephroma	Spindle-celled carcinoma
Lymphendothelioma	Squamous-celled carcinoma
Lymphosarcoma	Superficial cancer
Malignant degeneration	Transitional-celled carcinoma

The location of the cancer, or preferably, as recommended by the Committee of the American Medical Association, the seat of origin of the cancer, if known, should always be stated so that the return may be classified properly under one of the titles 39 to 45. Nonmalignant tumors or "tumors" of uncertain character are classified under the organ or part of the body affected or under title 46.

I.—GENERAL DISEASES—Continued.

39. Cancer and other malignant tumors of the buccal cavity.*This title includes:*

Cancer and other malignant tumors (see forms of cancer, p. 63) of—

Buccal cavity
Cheek
Gum
Jaw
Lip
Maxilla
Mouth

Cancer, etc.—Continued.

Palate
Salivary gland
Soft palate
Tongue
Tonsil
Carcinoma lingue
Lingual cancer
Smokers' cancer

40. Cancer and other malignant tumors of the stomach, liver.*This title includes:*

Cancer and other malignant tumors (see forms of cancer, p. 63) of—

Bile duct
Cardia
Cardiac orifice of stomach
Gall bladder
duct
Liver
Oesophagus
Pharynx

Cancer, etc.—Continued.

Pylorus
Stomach
Gastric carcinoma
Gastric tumor
Gastrocarcinoma
Hepatic cancer
Metastasis of liver
Tumor of stomach

This title does not include: Hämatemesis (103).**41. Cancer and other malignant tumors of the peritoneum, intestines, rectum.***This title includes:*

Cancer and other malignant tumors (see forms of cancer, p. 63) of—

Abdominal viscera
Anus
Appendix
Cæcum
Caput coli
Colon
Duodenum
Ileum
Intestinal gland
Intestine
Mesentery
Omentum

Cancer, etc.—Continued.

Peritoneum
Rectum
Retroperitoneal gland
Sigmoid flexure
Cancerous peritonitis
Carcinoma entericum
Lymphosarcoma of peritoneum
Malignant internal strictures
peritonitis
stricture of intestine
ulceration of intestine
Retroperitoneal cancer

42. Cancer and other malignant tumors of the female genital organs.*This title includes:*

Cancer and other malignant tumors (see forms of cancer, p. 63) of—

Broad ligament
Cervix
Fallopian tube
Female genital organ
Ovary
Uterine ligament
Uterus
Vagina

Cancer, etc.—Continued.

Vulva
Womb
Cervical cancer
Choriocarcinoma
Dermatoma malignum
Hydatid mole
Hydatidiform mole
Neoplasia of uterus
Syncytium

I.—GENERAL DISEASES—Continued.

43. Cancer and other malignant tumors of the breast.*This title includes:*

Cancer and other malignant tumors (see forms of cancer, p. 63) of—	Cancer, etc.—Continued.
Breast	Nipple
Mammary gland	<i>Cancer en cuirasse</i>
	Neoplasm of breast

44. Cancer and other malignant tumors of the skin.*This title includes:*

Cancer and other malignant tumors (see forms of cancer, p. 63) of—	Cancer, etc.—Continued.
Auricle (of ear)	Umbilicus
Chin	Cancroid (unqualified)
Connective tissue	Cervicofacial cancer
Ear	Columnar epithelioma
Face	Epithelial tumor (location not indicated)
Head	Epithelioma (location not indicated)
Nose	<i>Noli me tangere</i>
Scalp	Rodent dermatitis
Skin	ulcer

This title does not include: *Esthmiomene* (34).—*Lupus* (34).**45. Cancer and other malignant tumors of other organs or of organs not specified.**

NOTE.—This is a residual title that includes all deaths from cancer that can not be assigned to the preceding titles, 39–44, and especially those in which the location or origin of the disease is not stated. Inquiry should be made in such cases and fuller information obtained if possible.

This title includes:

Cancer and other malignant tumors (see forms of cancer, p. 63) with location not stated, or of—	Cancer, etc.—Continued.
Abdomen	Groin
Accessory sinus	Hand
Adrenal	Heart
Anterior mediastinum	Hip
Antrum	Iliac region
Arm	Inguinal gland
Artery	region
Axilla	Iris
Back	Joint
Bladder	Kidney
Body	Lacrimal apparatus
Bone	Larynx
Brain	Leg
Bronchi	Lower extremity
Cervical gland	Lung
Chest	Lymph gland
Choroid	node
Conjunctiva	Lymphatic gland
Cord	vessel
Cornea	Mediastinal gland
Extremity	Mediastinum
Eye	Membrane of brain
Fauces	spinal cord
Ganglia	Meninges
Genital organ (male)	Muscle
Gland	Nates
Glandular system	Neck
	Nerve
	Orbit

I.—GENERAL DISEASES—Continued.

45. Cancer of other organs—Continued.

This title includes:

Cancer, etc.—Continued.

Pancreas
Parotid gland
Pectoral region
Pelvic viscera
Pelvis
Penis
Pericardium
Perineum
Pleura
Posterior nares
Prepuce
Prostate
Sacrum
Scapula
Scrotum
Shoulder
Spinal cord
Spine
Spleen
Sternum
Suprarenal
Temporal region
Testicle
Thorax
Throat
Thymus gland
Thyroid gland
Trachea
Upper extremity
Ureter
Urethra

This title does not include: Cancer of oesophagus (40).—Cancer of the anus (41).—Cancer of the ovary, of the vagina, or of the vulva (42).

46. Other tumors (tumors of the female genital organs excepted).

NOTE.—The term "Tumor," for statistical purposes, is a general one that includes all forms of nonmalignant neoplasms.

Forms of tumor.

Adenofibroma
Adenoma
Adenomyxoma
Angioma
Arterial angioma
Benign tumor
Blood tumor
Cartilaginous tumor
Cavernous lymphangioma
nevus
Chondroma
Cyst
Cystadenoma
Cystic hygroma
lymphangioma
tumor
Cystoma
Dermoid cyst
Enchondroma
Erectile tumor
Fatty tumor

Fibroid
tumor
Fibrolipoma
Fibroma
molluscum
Fibroplastic tumor
Fibrous tumor
Fungous tumor
Ganglionic neuroma
Glandular cyst
tumor
Glioma
Hæmangioma
Hæmatoma (nontraumatic)
Leiomyoma
Lipoma
Lymphangioma
Lymphatic nævus
Lymphatocele
Lymphoma
Mucous cyst

I.—GENERAL DISEASES—Continued.

46. Other tumors, etc.—Continued.

Forms of tumor—Continued.

Myoma	Papilloma
Myxochondroma	Polypus
Myxofibroma	Retention cyst
Myxoma	Rhabdomyoma
Nævoploma	Sebaceous cyst
Neoplasm (nonmalignant or unqualified)	tumor
Neoplastic growth (nonmalignant or unqualified)	Sequestration dermoid cyst
tumor (nonmalignant or unqualified)	Serous cyst
New growth (nonmalignant or unqualified)	Striped muscle tumor
Neurofibroma	Suppurative cystic tumor
Neurofibromatosis	Teratoma
New growth (nonmalignant or unqualified)	Tumor (nonmalignant or unqualified)
	Vascular tumor

The location of the tumor should always be stated. The word "tumor" is frequently used indefinitely and may mean a malignant tumor or cancer (titles 39 to 45); inquiry should always be made on this point and a definite statement of malignancy or nonmalignancy obtained if possible. Title 46 is misleading in its wording because not only are tumors of the female genital organs (uterus, ovary) excepted, but also all other tumors that can be referred to a definite organ or part of the body (see Tumor in Index). The title is a residual one and contains only those tumors for which the location is ill defined or not stated.

This title includes:

Billroth's disease	Tumor, etc.—Continued.
Myomectomy	Connective tissue
Pelvic tumor	Gland
Rupture of cyst	Hip
Tumor (see forms of tumor above), with location not stated, or of—	Mediastinal gland
Abdomen	Mediastinum
Axilla	Muscle
Blood vessel	Neck
Chest	Thorax

This title does not include: Cancer and its synonyms (39-45).—Tumor of the stomach (40).—Stercoral tumor (109).—Tumor of the uterus (129).—Hydatid tumor (112).—Cyst of the ovary (131).—Aneurysmal tumor (81).—Varicose tumor (83).—Polypus of the ear (76).—Polypus of the nasal fossæ, or nasopharynx (86).—Uterine polypus (120)—[and many other "tumors." See CANCER and TUMOR in Index.]

Frequent complication: Purpura.

47. Acute articular rheumatism.

This title includes:

Acute articular rheumatism	Malignant rheumatism
inflammatory rheumatism	Rheumatic arthritis
rheumatic arthritis	carditis
endocarditis	endocarditis
fever	fever
neuritis	hyperpyrexia
rheumatism	meningitis
of joint	myocarditis
spine	pancarditis
rheumatoid arthritis	pericarditis
Articular rheumatism	peritonitis
Congenital rheumatism	pleurisy
Febrile rheumatism	vertigo
Inflammatory rheumatism	Rheumatism
Intercostal rheumatism	of abdomen

I.—GENERAL DISEASES—Continued:

47. Acute articular rheumatism—Continued.*This title includes:*

Rheumatism of brain	Schönlein's disease
heart	Sciatic rheumatism
joint	Septic rheumatism
pericardium	Subacute rheumatic fever
peritonæum	rheumatism
stomach	Visceral rheumatism

This title does not include: Organic disease of rheumatic origin (79, etc.).—Rheumatic iritis (75).—Nodose rheumatism (48).—Blennorrhagic rheumatism (38).**48. Chronic rheumatism and gout.***This title includes:*

Arthritis deformans	Heberden's disease
nodosa	nodes
Chronic articular rheumatism	Lithæmia
inflammatory rheumatism	Metastatic rheumatism
rheumatic arthritis	Neuralgic rheumatism
fever	Nodose rheumatism
neuritis	Osteoarthritis
rheumatism	Podagra
of joint	Rheumatic anaemia
spine	diathesis
rheumatoid arthritis	dropsy
Gout	gout
of bone	neuritis
joint	paralysis
Gouty diathesis	Rheumatism of spine
iritis	Rheumatoid arthritis
synovitis	Spondylitis deformans

49. Scurvy.*This title includes:*

Barlow's disease	Scurvy
Infantile scurvy	of bone
Scorbutic inflammation of alveoli of teeth	gum
purpura	rickets
Scorbutus	Werlhof's disease

50. Diabetes.*This title includes:*

Acetonæmia	Diabetic iritis
Acidosis (diabetic)	Glychæmia
Diabetes	Glycosuria
mellitus	Insanity of diabetes
Diabetic (any condition so qualified)	Pancreatic diabetes
coma	Pentosuria
gangrene	Saccharine diabetes

This title does not include: Diabetes insipidus (55).*Frequent complications:* Pneumonia.—Carbuncle.—Gangrene.—Cerebral haemorrhage and softening.—Tuberculosis.—Albuminuria.—Furunculosis.—Nephritis, chronic interstitial.—Diabetic coma.**51. Exophthalmic goitre.***This title includes:*

Basedow's disease	Insanity of Graves's disease
Exophthalmic cachexia	Parry's disease
goitre	Stokes's disease

Graves's disease

Frequent complications: Hypertrophy of the heart.—Endocarditis.—Cachexia.—Multiple gangrene.—Visceral haemorrhages.—Tachycardia.

I.—GENERAL DISEASES—Continued.

52. Addison's disease.*This title includes:*

Addison's disease	Fatty degeneration of adrenal ¹
Adrenal adenoma	Fibrosis of adrenal ¹
melasma	Hyaline degeneration of adrenal ¹
Atrophy of adrenal ¹	Inflammation of adrenal ¹
Bronze disease	Lardaceous degeneration of adrenal ¹
of Addison	Necrosis of adrenal ¹
Brown disease	New growth of adrenal (nonmalignant) ¹
Cloudy swelling of adrenal ¹	Suppuration of adrenal ¹
Cyst of adrenal ¹	Suprarenal melasma
Degeneration of adrenal ¹	Tuberculosis of adrenal ¹
Disease of adrenal ¹	Tumor of adrenal ¹

Frequent complications: Cachexia.—Ascites.**53. Leuchæmia.***This title includes:*

Adenoleuchæmia	Lymphadenoma of lymphatic gland
Hodgkin's disease	spleen
Infantile pseudoleuchæmia	Lymphadenosis
Leuchæmia	Lymphatic leuchæmia
of spleen	leucocythaemia
Leuchæmic adenia	Lymphocytæmia
adenitis	Malignant lymphadenoma
Leucocythaemia	Multiple lymphadenoma
of liver	Pseudoleuchæmia
lymph gland	Splenolymphatic leuchæmia
lymphatic gland	leucocythaemia
spleen	Splenomedullary leuchæmia
Leucocythaemic liver	leucocythaemia
retinitis	Splenomyelogenous leuchæmia
Lymphadenia	leucocythaemia
Lymphadenoma	

Frequent complications: Haemorrhage.—Apoplexy.—Cachexia.—Ascites.—Pneumonia.—Anaemia.—Thrombosis.**54. Anæmia, chlorosis.***This title includes:*

Addison's anæmia	Impoverished blood
Anæmia	Kala-Azar
Anæmic fever	Malignant progressive anæmia
Banti's disease	Melanæmia
Chlorosis	Pernicious anæmia
Congenital anæmia	of spleen
Green sickness	Progressive anæmia
Griesinger's disease	Simple anæmia
Haemoglobinæmia	Spanæmia
Hydremia	Splenic anæmia
Hysterical chlorosis	

This title does not include: Anæmia, or chlorosis; miners' or Egyptian (106).—Intertropical hyphæmia (106).

¹ Or of suprarenal, adrenal or suprarenal gland or capsule. The assignment of tuberculosis of adrenals to this title is the only exception to the inclusion of (known) tuberculosis under titles 28 to 35. Addison's disease is perhaps usually tuberculous, so that the entire title can be added to other forms of tuberculosis if desired; the minor inclusions are too few to be of any statistical importance.

I.—GENERAL DISEASES—Continued.

55. Other general diseases.*This title includes:*

Acidosis (nondiabetic)	Hæmochromatosis
Acromegaly	Hæmophilia
of jaw	neonatorum (3m+)
Adiposis	Hæmorrhage of skin
dolorosa	Hæmorrhagic diathesis
Albuminoid degeneration	Henoch's purpura
Amyloid degeneration	Infantilism
disease	Infectious fever
Autoinfection	purpura
Autointoxication	Methæmoglobinæmia
Autotoxæmia	Negro lethargy
Bleeder	Obesity
Chronic polycythaemia	Ochronosis
Congenital autotoxæmia (1y+)	Polycythaemia
infection	Ptomaine poisoning (not food poisoning)
Corpulence	Purpura
Cutaneous hæmorrhage	hemorrhagica
Diabetes insipidus	rheumatica
Diapedesis	Sleeping sickness
Diffuse fatty degeneration	Sulphæmoglobinæmia
Diuresis	Toxæmia
Dwarfism	Toxicæmia
Eruptive fever	Toxinfection
Excessive fat	Trypanosomiasis
Fatness	Uric acid diathesis
Fatty degeneration	poisoning
General amyloid degeneration	Uricacidæmia
disease	Urichæmia
fatty degeneration	Virulent disease (unqualified)
infection	Visceral steatosis
Gigantism	Waxy degeneration

56. Alcoholism (acute or chronic).*This title includes:*

Absinthe poisoning	Debauchery
Absinthæmia	Delirium tremens
Absinthism	Dipsomania
Alcohol poisoning	Drunkenness
Alcoholic coma	Ethyliam
delirium	Inebriety
dementia	Intemperance
gastritis	Intoxication
insanity	psychosis (alcoholic)
intoxication	Mania a potu
mania	Serous alcoholic meningitis
meningitis	Temulentia

Alcoholism*This title does not include:* Alcoholic cirrhosis (113).—General alcoholic paralysis (67).—Atheroma (81), nor any other organic disease attributed to alcoholism.—Amblyopia from intoxication (75).**57. Chronic lead poisoning.***This title includes:*

Chronic lead poisoning	Molybdoparesis
Colica pictorum	Morbus pictorum
Lead cachexia	Painters' colic
colic	Plumbism
encephalitis	Saturnine colic
encephalopathy	encephalopathy
insanity	gout
palsy	nephritis
paralysis	paralysis
poisoning (not acute)	Saturnism

I.—GENERAL DISEASES—Continued.

58. Other chronic occupation poisonings.

NOTE.—Include here mercurial, phosphorous, arsenical, or other chronic intoxications (except from lead, 57) when a special note by the certifying practitioner (or, lacking this, the occupation of the decedent) indicates very clearly that the intoxication was due to the occupation. Hence the need that a full statement of occupation should be given, including both (1) the kind of work and (2) the nature of the industry, as provided for upon the Revised United States Standard Certificate of Death. See also *Poisoning* in Index.

This title includes:

Arsenical edema (occupational)	Mercurial insanity (occupational)
Brass poisoning (occupational)	ptyalism (occupational)
Chronic arsenical poisoning (occupational)	stomatitis (occupational)
brass poisoning (occupational)	tremor (occupational)
mercurial poisoning (occupational)	Necrosis from phosphorus
phosphorous poisoning	of maxilla (from phosphorus)
poisoning (occupational)	Neuritis from chemical poison (occupational)
Fatty degeneration of liver from phosphorus poisoning	Phosphoric inflammation of alveoli of teeth
Hydrargyriasm (occupational)	gum
Maxillary necrosis from phosphorus	necrosis of alveoli of teeth
Mercurial inflammation of gum (occupational)	jawbone

59. Other chronic poisonings.

This title includes:

Argyria	Chronic sulphonal poisoning
Arsenical neuritis	tobacco poisoning
edema	toxic gastritis
Bromide poisoning	gastroenteritis
Chronic acetanilide poisoning	trional poisoning
antipyrine poisoning	veronal poisoning
arsenic poisoning	Cocaine habit
caffeine poisoning	Cocainism
cannabis indica poisoning	Coffee poisoning
chloral hydrate poisoning	Epidemic gangrene
coca poisoning	Ergotism
cocaine poisoning	Hydrargyriasm (not occupational)
codeine poisoning	Insanity of haschisch
dionine poisoning	Lathyrism
ergot poisoning	Mercurial salivation
ergotism	stomatitis (not occupational or
ether intoxication	unqualified)
poisoning	Mercury poisoning (not occupational)
etherism	Morphine habit
heroin poisoning	Morphinism
mercury poisoning (not occupational)	Morphinomania
morphine poisoning	Neuritis from chemical poison (not occupational)
morphinism	Nicotine poisoning
nicotine poisoning	Nicotinism
opium poisoning	Opium habit
paraldehyde poisoning	Poisonous maize
phenacetin poisoning	Tea poisoning
poisoning	Tobacco heart
silver poisoning	poisoning

This title does not include: Amblyopia from intoxication (75).—Uremic poisoning (120).—Urinary intoxication (126).—Ptomaine poisoning (35).—Pellagra (26).—Beriberi (27).

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.

60. Encephalitis.

This title includes:

Abscess of brain	Encephalitis
cerebellum	Inflammation of brain
cranium	Intracranial abscess
pons Varolii	Phrenitis
Brain fever	Spurious encephalitis
Cephalitis	Suppuration of brain
Cerebral fever	Suppurative encephalitis
inflammation	Traumatic encephalitis
Cerebritis	inflammation of brain

61. Simple meningitis.

NOTE.—This title is somewhat misleading, since it may cover deaths from Epidemic cerebrospinal meningitis. An attempt is made by the Census, as indicated below, to distinguish the forms of meningitis so that this important infectious disease may be segregated; but it can not be said that the distinction is clearly drawn at present, nor will it be in future until physicians use more definite terms in their reports of causes of death.

(1) Simple meningitis.

This subtitle includes:

Abscess of meninges	Meningitis of spinal cord
Acute periencephalitis	Meningocerebritis
Arachnitis	Meningoencephalitis
Catarrhal meningitis	Meningomyelitis
Cerebral meningitis	Metastatic meningitis
pachymeningitis	Pachymeningitis
Cerebrocervical meningitis	Periencephalitis
Cervical pachymeningitis	Pneumococci meningitis
Chronic cerebrospinal meningitis	Postbasic meningitis
Congenital meningitis	Posterior basal meningitis
Congestive meningitis	meningitis
Diffuse meningitis	Postoperative meningitis
Encephalomeningitis	Progressive meningitis
Hydromeningitis	Purulent meningitis
Infantile meningitis	Septic inflammation of membrane of brain
Infection of brain	meningitis
Infectious meningitis	of brain
Inflammation of arachnoid	Serous meningitis
cerebral membrane	Simple cerebral meningitis
dura mater	cerebrospinal meningitis
membrane of brain	meningitis
spinal cord	Spinal fever
meninges	meningitis
pia mater	pachymeningitis
spinal membrane	Subacute meningitis
Internal pachymeningitis	of spinal cord
Leptomeningitis	spinal meningitis
Membranous meningitis	Suppurative inflammation of membrane
Meningeal septichæmia	of brain
Meningitis	meningitis
of brain	

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

61. Simple meningitis—Continued.

(2) Cerebrospinal meningitis (undefined).

This subtitle includes:

Acute cerebrospinal meningitis	Cerebrospinal inflammation
Cerebrospinal arachnitis arachnoiditis	meningitis

(3) Cerebrospinal fever.

This subtitle includes:

Cerebrospinal fever	Meningococcic cerebrospinal meningitis
Epidemic cerebrospinal meningitis	Spotted fever

This title does not include: Tuberculous meningitis (or any synonym of this term) (30).—Rheumatic meningitis (47).

62. Locomotor ataxia.

This title includes:

Arthropathy of tabes dorsalis	Posterior sclerosis of spinal cord
Ataxia	spinal sclerosis
Charcot's joint disease	Posteriorlateral sclerosis
Degeneration of lateral and posterior columns of spinal cord	of spinal cord
Duchenne's disease	Progressive ataxia
Locomotor ataxia	locomotor ataxia
Partial ataxia	Spasmodic tabes dorsalis
Posterior sclerosis	Spastic ataxia
	Tabes dorsalis

Frequent complications: Pneumonia.—Tuberculosis.—Diarrhoea.—Cystitis.

63. Other diseases of the spinal cord.

NOTE.—Acute anterior poliomyelitis (infantile paralysis) may be stated separately as a subdivision of this title in case of epidemic prevalence. Exact statistical segregation is extremely difficult owing to the numerous terms used synonymously or without careful discrimination (see Bulletin 108, Mortality Statistics, 1909, p. 24.). Inquiry should be made in regard to every suspicious case, and a definite statement obtained, if possible.

This title includes:

Abscess of spinal cord	Anæmia of spinal cord
Acute anterior poliomyelitis	Anterior poliomyelitis
ascending anterior poliomyelitis	Apoplexy of spinal cord
myelitis	Arthropathy of syringomyelia
poliomyelitis	Ascending neuritis
spinal paraparesis	paralysis
atrophic infantile paralysis	Atrophic muscular paralysis
bulbar poliomyelitis	paralysis
infantile paralysis	progressive paralysis
myelitis	spinal paralysis
paralytic spinal cord	Atrophy of spinal cord
polioencephalomyelitis	Brown-Séquard's paralysis
poliomyelitis	Bulbar paralysis
progressive infantile paralysis	Cephalic poliomyelitis
spinal anterior poliomyelitis	Cerebrospinal sclerosis
paralysis	tumor
Amyloid degeneration of muscle	Charcot's disease
spinal cord	Chronic anterior poliomyelitis
Amyotrophia	myelitis
Amyotrophic lateral sclerosis	paralysis of spinal cord
paralysis	poliomyelitis
sclerosis	spinal muscular atrophy
Amyotrophy	paralysis

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

63. Other diseases of the spinal cord—Continued.

This title includes:

Combined sclerosis of spinal cord	Myasthenia
Compression of medulla	gravis
spinal cord	
Congenital paralysis	Myelitis
Congestion of medulla	from pressure
spinal cord	of spinal cord
Creeping paralysis	Myelomalacia
Degeneration of anterior cornua of spinal	Myelomeningitis
cord	New growth of membrane of spinal cord
lateral column of spinal	(nonmalignant)
cord	spinal cord (nonmalignant)
spinal cord	
Degenerative sclerosis	Paralysis agitans
Descending lateral sclerosis	of spinal cord
Disease of bulb	Parasitic disease of spinal cord
spinal cord	Parkinson's disease
Disseminated cerebrospinal sclerosis	Polioencephalitis
myelitis	Poliomyelitis
sclerosis	Posterior lateral sclerosis
of spinal cord	poliomyelitis
Erb's disease	Primary lateral sclerosis
Essential paralysis of infancy	myopathy
Family ataxia	spastic paraplegia
Fatty degeneration of muscle	Progressive ascending anterior poliomyelitis
spinal cord	bulbar paraparesis
Fibrous degeneration of muscle	multiple paraparesis
Friedreich's ataxia	muscular atrophy
disease	dystrophy
General sclerosis	myelitis
Hæmatomyelia	myopathy
Hæmatomyelitis	paralysis of spinal cord
Hæmorrhachis	peripheral paresis
Hæmorrhage of spinal cord	spinal paraparesis
membrane	Pseudohypertrophic paraparesis
Hereditary ataxia	of muscle
spastic paraplegia	
Hyaline degeneration of muscle	Putnam's disease
Infantile hypertrophy	Removal of clot from spinal cord
paralysis	Sclerosis (unqualified)
paresis	in plaques
spinal paraparesis	of spinal cord
Infectious paraparesis	Secondary lateral sclerosis
Inferior nuclear paraparesis	spastic paraplegia
Inflammation of spinal cord	Shaking palsy
Insular sclerosis	paralysis
Intraspinal abscess	Softening of spinal cord
tumor	Spasmodic dorsal tabes
Irritation of spinal cord	Spastic family paraparesis
spine	paralysis
Labioglossal paraparesis	of spinal cord
Labioglossolaryngeal paraparesis	paraplegia
Labioglossopharyngeal paraparesis	spinal paraparesis
Landry's disease	Spinal atrophy
paraparesis	degeneration
Lateral sclerosis	effusion
Lesion of spinal cord	hæmorrhage
Morvan's disease	irritation
Multiple cerebrospinal sclerosis	myelitis
paraparesis	neuritis
sclerosis	paralysis
of spinal cord	sclerosis
spinal sclerosis	tumor
	Subacute myelitis

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

63. Other diseases of the spinal cord—Continued.

This title includes:

Subacute poliomyelitis	Trembling paralysis
Symmetrical sclerosis	Tumor of spinal cord
Syringomyelia	meninges
Syringomyelitis	
Transverse myelitis	Wasting palsy
	paralysis

64. Cerebral haemorrhage, apoplexy.

This title includes:

Alcoholic apoplexy	Effusion on brain
cerebral apoplexy	meninges
congestion	
œdema of brain	Epidural haemorrhage
wet brain	Hæmatoma of dura mater
Apoplectic dementia	meninges
fit	Hæmorrhage of brain
hemiplegia	cerebellum
pneumonia	cerebrum
stroke	medulla
Apoplexy	membrane of brain
of brain	meninges
meninges	pons
Atheroma of brain	under dura mater
Basilar apoplexy	Hæmorrhagic leptomeningitis
haemorrhage	Hyperæmia of brain
Brain-stroke	Intracranial haemorrhage
Bulbar apoplexy	Meningeal haemorrhage
haemorrhage	Miliary haemorrhage of brain
Capillary apoplexy	Œdema of brain
Cataplexy	Paralytic shock
Cerebral apoplexy	stroke
atheroma	Passive congestion of brain
congestion	Pontine haemorrhage
effusion	Progressive apoplexy
haemorrhage	Rupture of blood vessel in brain
hyperæmia	Sanguineous apoplexy
œdema	Seizure
Cerebrospinal congestion	Serous apoplexy
effusion	Shock of paralysis.
Clot on brain	Stroke
Congestion (sudden death)	of apoplexy
of brain	paralysis
Congestive apoplexy	Subdural haemorrhage
Cranial haemorrhage	Ventricular haemorrhage
Dementia of apoplexy	Wet brain

Frequent complication: Arterial sclerosis.

65. Softening of the brain.

This title includes:

Cerebral mollities	Inflammatory softening of brain
necrobiosis	Marasmus of brain
softening	Necrencephalus
Cerebrospinal softening	Necrotic softening of brain
Encephalomalacia	Softening of brain

This title does not include: Senile dementia (154).

Frequent complications: Hemiplegia.—Paralysis.—Pulmonary congestion.

II.--DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE--Continued.

66. Paralysis without specified cause.

This title includes:

Ataxic paraplegia	Muscle tremor
Bilateral paralysis	Old hemiplegia
Cerebral hemiplegia	Palsy
palsy	of brain
paralysis	Paralysis
Congenital hemiplegia	of brain
Cortical hemiplegia	cranial nerve
Disseminated paralysis	face
Facial paralysis	muscle
General paralysis ¹	old age
Generalized paralysis	spinal nerve
Hemiplegia	Paraplegia
of brain	Progressive paralysis
Lateral paralysis	Pseudoparalysis
Local paralysis	Secondary paralysis
Monoplegia	Senile paralysis
Motor paralysis	tremor

This title does not include: Diphtheritic paralysis (9).—Atrophic muscular paralysis (63).—Pseudo-hypertrophic paralysis (63).—General paralysis of the insane (67).—Paralytic cachexia or marasmus (67).—Paralytic dementia or insanity (67).—Paralysis: agitans, or trembling (63).—Bulbar paralysis (63).—Ascending paralysis (63).—Essential paralysis of infancy (63).—Labiglossolaryngeal paralysis (63).—Paralysis of the soft palate (100).—Paralysis of the muscles of the eye (75).—Paralysis of the heart (186).

67. General paralysis of the insane.

This title includes:

Alcoholic paralysis	Generalized paralysis (insane)
Bayle's disease	Imbecile paralysis
Chronic alcoholic paralysis	Paralysis of insane
pericephalitis	Paralytic cachexia
Dementia paralytica	dementia
Diffuse meningoencephalitis	insanity
pericephalitis	lunacy
General alcoholic paralysis	marasmus
paralysis (insane or reported	Paresis
from asylum)	Paretic dementia
of insane	Progressive dementia
paresis	general paralysis
tabetic paralysis	

This title does not include: Disseminated paralysis (66).

¹ Not general paralysis of the insane (67). See note thereon.

The assignment of "General paralysis," returned without qualification, to title No. 67, General paralysis of the insane, can not be followed in American returns without including many deaths that are not due to the specific disease, but merely ordinary cases of paralysis of undetermined cause (66). Hence it is the practice by the Census to differentiate such cases, so far as possible, by the distinctions given in parentheses.

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

68. Other forms of mental alienation.

This title includes:

Agitated dementia	Lycanthropy
melancholia	Lypemania
Alternating insanity	Madness
Anergic mental stupor	Mania
Apathetic dementia	Maniacal delirium
Bell's mania	Manic depressive psychosis
Catatonia	Megalomania
Chronic delirium	Melancholia
Circular insanity	Mental aberration
Climacteric insanity	alienation
melancholia	disease
Confusional insanity	insufficiency
Crazy	stupor
Delirious mania	Monomania
Delusional insanity	Nostalgia
mental stupor	Obsessive insanity
Delusions of persecution	Organic dementia
Dementia	Paranoia
precox	Paranoid state
Developmental dementia	Postfebrile insanity
Exhaustive psychosis	Primary dementia
Hallucination	Psychasthenia
Hebephrenia	Psychosis
Hypochondria	Recurrent mania
Hypochondriacal melancholia	melancholia
Hypochondriasis	Secondary dementia
Impulsive insanity	Sitophobia
Infective psychosis	Stuporous melancholia
Insanity	Terminal dementia
Involutional melancholia	Toxic insanity
Katatonia	psychosis
Korsakoff's disease	Traumatic psychosis
syndrome	Unsoundness of mind
Lunacy	

This title does not include: Dementia or delirium: alcoholic (56).—Delirium tremens (56).—Delirium (189).—Uremic delirium (120).—Apoplectic dementia (64).—Paralytic dementia (67).—Epileptic dementia (68).—Choreic dementia (72).—Senile dementia (154).—Hysteria (73).—Idiocy (74).—Cretinism (74).—Puerperal insanity (140).

69. Epilepsy.

This title includes:

Cerebral epilepsy	Epileptic vertigo
Climacteric epilepsy	Falling sickness
Congenital epilepsy	Fit
Epilepsy	Grand mal
Epileptic coma	Haut mal
convulsions	Hysteroepilepsy
dementia	Morbus comitialis
fit	Petit mal
insanity	Senile epilepsy
mania	Status epilepticus
psychosis	

This title does not include: Epileptoid convulsions (70).—Epilepsy: symptomatic, or Jacksonian (74).

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

70. Convulsions (nonpuerperal) [5 years and over].

71. Convulsions of infants [under 5 years of age].

NOTE.—These titles relate to mere symptoms of which the causes (epilepsy, nephritis, diarrhea, etc.) should be ascertained. Assignments of the terms given below are made to titles 70 and 71 according to the age limits stated in brackets, but only when no definite term showing the cause of the "convulsions" is obtainable. When a female of childbearing age (approximately 15 to 44 years) is reported to have died from "Convulsions" or "Eclampsia," without further explanation, the certificate should be returned to the certifying physician for an explicit statement as to whether the condition was or was not puerperal. See also p. 117.

These titles include:

Convulsions	Infantile spasms
Cramps	Internal convulsions
Eclampsia	Nervous spasms
Epileptiform convulsions	Reflex convulsions
Epileptoid convulsions	Spasms
Infantile convulsions	Spasmodic convulsions

These titles do not include: Scarlatinal eclampsia (7).—Uremic eclampsia (120).—Trismus of the newborn (24).

72. Chorea.

This title includes:

Bergeron's disease	Insanity of chorea
Chorea	Paralytic chorea
insaniens	Rheumatic chorea
major	Saint Vitus's dance
minor	Spasmodic chorea
Choreic dementia	Sydenham's chorea

73. Neuralgia and neuritis.

This title includes:

Alcoholic neuritis	Hysterical spasms
polyneuritis	Inflammation of cranial nerve
Anorexia nervosa	nerve
Cerebral neuralgia	Intercostal neuralgia
Degenerative neuritis	Multiple neuritis
Febrile polyneuritis	Neuralgia (of any nerve)
General neuritis	Neuritis (of any nerve)
Hysteria	Peripheral neuritis
Hysterical anorexia	Polyneuritis
asthenia	Sciatic neuritis
colic	Sciatica
contractures	Spasmodic hysteria
convulsions	Tic douloureux
mania	Trigeminal neuralgia
psychosis	

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

74. Other diseases of the nervous system.

This title includes:

Acquired hydrocephalus	Diffuse sclerosis of brain
Acute hydrocephalus	Disease of brain
Amentia	cerebellum
Amnesia	nerve
Amyloid degeneration of nervous system	nervous system
Anemia of brain	Divers' palsy
Angioedematous oedema	paralysis
Aphasia	Division of nerve
Associated nuclear paralysis	Encephalopathy (unqualified)
Ataxia of brain	Enlargement of brain
Atactic aphasia	Erichsen's disease
Athetosis	Facial hemiatrophy
Atrophy of brain	spasm
Basilar tumor	Fatty degeneration of brain
Bends	nervous system
Boulimia	Fright
Caisson disease	Gastrointestinal neurasthenia
Catalepsy	Gatism
Cephalalgia	General ataxia
Cerebellar tumor	sclerosis of brain
Cerebral anemia	Glioma of brain
ataxia	cerebellum
atrophy	Hardening of brain
compression (not injury at birth)	Hemicrania
convulsions	Hereditary chorea
cyst	Hernia of brain
degeneration	Hiccough
diplegia of children	Huntington's chorea
dysphagia	disease
glioma	Hydatid of brain
ischaemia	Hypertrophy of brain
lesion	Idiocy
necrosis	Imbecility
pressure (not injury at birth)	Induration of brain
sclerosis	Infantile cerebral diplegia
tumor	paralysis
Cerebrospinal toxæmia	cortical degeneration (of brain)
toxichæmia	disease of brain
Chronic progressive chorea (Huntington's chorea)	imbecility
Cirrhosis of brain	spastic paralysis
Compression of brain (not injury at birth)	Internal hydrocephalus
Congenital imbecility	Intracranial tumor
lesion of brain	Irritation of brain
Craft neurosis	Jacksonian epilepsy
Craniectomy	Lesion of brain
Cretinism	Little's disease
Cyst of brain	Masturbation
cerebellum	Meningeal tumor
membrane of brain	Migraine
Cystic tumor of brain	Miliary sclerosis of brain
Cysticercus of brain	Necrosis of brain
Degeneration of brain	Nervous asthenia
cranial nerve	debility
nerve	disease
nervous system	exhaustion
Dementia from organic brain disease	irritation
Diffuse cerebral sclerosis	lesion
	prostration

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

74. Other diseases of the nervous system—Continued.

This title includes:

Nervous shock	Pneumoma
Neurasthenia	Psychosis due to organic brain disease
Neurectomy	Railroad neurosis
Neuroma	Sclerosis of brain
Neuorrhaphy	Section of nerve
Neurosis	Senile atrophy of brain
produced by occupation	cerebral atrophy
Neurotomy	neurosis
New growth of brain (nonmalignant)	Singultus
membrane of brain (non-	Somnambulism
malignant)	Spasm of muscle
nerve (nonmalignant)	tongue
Occupational neurosis	Stretching of nerve
Onanism	Superior nuclear paralysis
Organic dementia (from organic brain dis-	Symptomatic epilepsy
ease)	Tetany
disease of brain	Tic
lesion of brain	Traumatic epilepsy
Paracentesis of cerebral ventricle	neurasthenia
Paralysis of diaphragm	neurosis
gastric nerve	Tumor of brain
phrenic nerve	corpora quadrigemina
pneumogastric nerve	meninges
tongue	of brain
Paramyoclonus multiplex	motor tract
Parasitic disease of brain	nerve
Polioencephalitis inferior	pituitary body
superior	pons Varolii
Pressure on brain (not injury at birth)	Vertigo
Progressive atrophy of brain	Wallerian degeneration
cerebral degeneration	Writers' cramp
degeneration of brain	neuralgia

This title does not include: Dementia, or imbecility, or gatism: senile (154).—Epileptic dementia (69).—Syringomyelia (68).—Myxedema (88).—Pachydermic cachexia (88).—Hydrocephalus: congenital, or unqualified (150).

75. Diseases of the eyes and their annexa.

This title includes:

Abscess of cornea	Disease of cornea
eye	eye (any part)
eyelid	orbit (except cancer)
lacrimal gland	Ectropion
sac	Emphysema of orbit
orbit	Entropion
Amaurosis	Evisceration of eye
Atrophy of optic nerve	Extraction of lens
Blepharitis	Fistula of cornea
Blepharoconjunctivitis	nasal duct
Blepharoplasty	Foreign body in eye
Canthoplasty	orbit
Cataract (all forms)	Gangrene of cornea
Chorioiditis	Glaucoma
Conjunctivitis	Hemorrhage of orbit
Cyst of orbit	Inflammation of cornea
Dacryoadenitis	optic nerve
Dacryocystitis	Iridectomy

II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE—Continued.

75. Diseases of the eyes and their annexa—Continued.

This title includes:

Iridochoroiditis
Iridotomy
Iritis
Keratitis
Lacrimal abscess
Neuroretinitis
New growth of conjunctiva (nonmalignant)
cornea (nonmalignant)
eye (any part) (nonmalignant)
eyelid (nonmalignant)
lacrimal gland (nonmalignant)
optic nerve (nonmalignant)
orbit (nonmalignant)
sclerotic (nonmalignant)
Obstruction of nasal duct
Edema of conjunctiva
Ophthalmia
Optic neuritis
neuroma
Pannus
Parasitic disease of eye

Perforation of cornea
Postorbital abscess
Pseudoglioma
Pterygium
Ptosis
Pustular conjunctivitis
Retinitis
Rheumatic iritis
Scleritis
Sclerochorioiditis
Scleroconjunctivitis
Scleritis
Sclerotomy
Staphyloma
Stenosis of nasal duct
Suppurative keratitis
Synechia
Trachoma
Tumor of eye (any part, nonmalignant or unqualified)
orbit (nonmalignant or unqualified)
Ulcer of cornea
eye

This title does not include: Diphtheritic conjunctivitis (9).—Conjunctivitis, or ophthalmia; purulent, or haemorrhagic, or gonorrhoeal (38).—Cancer of the eye (46).—Ocular tuberculosis (34).—Exophthalmic goitre (51).

76. Diseases of the ears.

This title includes:

Abscess of auricle of ear
ear
external ear
middle ear
Caries of external meatus
labyrinth
middle ear
ossicle
petrous bone
Catarrh of ear
Disease of ear (any part)
Eustachian tube
tympanum
Eustachian salpingitis
Exostosis of ear
Foreign body in ear
Hæmatoma of ear
Inflammation of ear (any part)
tympanum
Labyrinthine suppuration
vertigo
Ménière's disease
vertigo

Myringitis
Necrosis of ear (any part)
New growth of ear (nonmalignant or unqualified)
Osciclectomy
Ossification of auricle
Otalgia
Otic meningitis
Otitis
externa
interna
media
Otorrhœa
Parasitic disease of ear
Perforation of tympanum
Perichondritis of auricle
Phlegmonous otitis
Polypus of ear
Purulent otitis media
Septic inflammation of ear
Suppurative otitis media
Tumor of ear
Tympanitis

This title does not include: Mastoiditis (146), unless stated to result from disease of the ear.

III.—DISEASES OF THE CIRCULATORY SYSTEM.

77. Pericarditis.

This title includes:

Adherent pericardium	Inflammation of pericardium.
Adhesion of pericardium	Mediastinopericarditis
Adhesive pericarditis	New growth of pericardium (nonmalignant)
Calcification of pericardium	Paracentesis of pericardium
Cardiac adhesion	Parasitic disease of pericardium
Cardiopericarditis	Pericardial abscess
Dilatation of pericardium	Pericarditis
Dropey of heart pericardium	with effusion
Effusion of pericardium	Plastic pericarditis
Fibrinous pericarditis	Pneumopericarditis
Fibrous pericarditis	Pneumopericardium
Granular pericarditis	Purulent pericarditis
Hæmopericardium	Pyopericardium
Hæmorrhage of pericardium	Pyopneumopericardium
Hæmorrhagic pericarditis	Septic pericarditis
Hydropericarditis	Suppurative pericarditis
Hydropericardium	Tumor of pericardium
Hydropneumopericarditis	Water on heart
Hydropneumopericardium	

This title does not include: Rheumatic pericarditis (47).—Endopericarditis (78).—Pleuropericarditis (93).

78. Acute endocarditis.

NOTE.—Refer to the reporting physicians certificates on which the terms "Endocarditis" or "Myocarditis" appear without statement as to whether acute or chronic. If no further information can be had, classify deaths so returned under title 78 for ages under 60 years and under title 79 for ages of 60 years and over.

This title includes:

Acute endocarditis	Myocarditis (-60y)
interstitial myocarditis	Myoendocarditis (-60y)
mitral endocarditis	Myopericarditis
myocarditis	Periendocarditis
ulcerative endocarditis	Purulent endocarditis
Bouillaud's disease	Septic endocarditis
Congenital endocarditis	Subacute endocarditis
Endocarditis (-60y)	Suppurative endocarditis
Endopericarditis	Toxic myocarditis
Infective endocarditis	Ulcerated heart
Inflammation of myocardium	Ulcerative endocarditis
Malignant endocarditis	Valvular endocarditis
Mycotic endocarditis	Vegetative endocarditis

This title does not include: Rheumatic endocarditis, nor the other acute cardiac affections which follow during the course of a rheumatic attack (47).—Chronic endocarditis (79).*Complications:* Cerebral embolism.—Pulmonary embolism.—Splenic.—Renal.—Petechial.

III.—DISEASES OF THE CIRCULATORY SYSTEM—Continued.

79. Organic diseases of the heart.*This title includes:*

Abscess of heart	Chronic myocarditis
Adenoma of heart.	rheumatic endocarditis
Amyloid degeneration of heart	ulcerative endocarditis
Aneurysm of heart	valvular endocarditis
valve of heart	heart disease
Aortic disease	Cirrhosis of heart
incompetency	Clot of heart
insufficiency	Collapse of heart
lesion	Contraction of valve of heart
obstruction	Corrigan's disease
regurgitation	Degeneration of heart
stenosis	muscle
stricture	myocardium
valvular disease of heart	Degenerative myocarditis
Apopлексy of heart	Dilatation of cardiac orifice
Arterial cardiopathy	heart
Asystole	orifice of valve of heart
of heart	ventricle
Atheroma of heart	Dilated heart
valve of heart	Disease of aortic valve
Atheromatous degeneration of heart	bicuspid valve
Atrophy of heart	cardiac valve
myocardium	cavity of heart
Blood clot of heart	heart valve
Brown atrophy of heart	mitral valve
Calcareous degeneration of heart	pulmonary valve
	tricuspid valve
Calcification of heart	Displacement of heart
Cardiac albuminuria	Effects of strain on heart
apoplexy	Endocarditis (60y+) ¹
ascites	Enlarged fatty heart
asthma	Enlargement of heart
asystole	Excessive growth of fat in heart
atheroma	Failure of compensation
cachexia	Fatty degeneration of heart
degeneration	myocardium
dilatation	heart
disease	myocarditis
dropsey	Fibroid disease of heart
hydrothorax	heart
hypertrophy	myocarditis
insufficiency	Fibrous degeneration of heart
lesion	myocardium
mitral disease	Gouty degeneration of heart
neurasthenia	Granular heart disease
neurosis	Hæmorrhage of heart
stenosis	Heart (all chronic diseases of)
stricture	clot
thrombosis	disease
Cardiectasis	strain
Cardiomalacia	Hyaline degeneration of heart
Cardiopathy	myocardium
Cardiorrhexis	Hypertrophy of heart
Cardioesclerosis	myocardium
Cardiostenosis	Imperfect valvular action
Cardiovascular sclerosis	Incompetency of aortic valve
Carditis	mitral valve
Chronic endocarditis	tricuspid valve
interstitial myocarditis	valve of heart
mitral endocarditis	Inflammation of heart

¹ See note under (78).

III.—DISEASES OF THE CIRCULATORY SYSTEM—Continued.

79. Organic diseases of the heart—Continued.

This title includes:

Insufficiency of aortic valve	Pulmonary stenosis
mitral valve	valvular disease of heart
tricuspid valve	Pulmonic regurgitation
valve of heart	Regurgitant disease of valve of heart
Interstitial myocarditis	Retraction of valve of heart
Laceration of chordæ of heart	Rheumatic heart disease
valve of heart	valvular disease of heart
Lesion of heart	Rupture of chordæ of heart
valve of heart	heart
Mitral cardiac lesion	valve of heart
disease	Sclerous endocarditis
of heart	myocarditis
incompetency	Senile endocarditis
insufficiency	Softening of heart
lesion	Steatosis of heart
obstruction	Stenosis of cardiac orifice
reflux	heart
regurgitation	orifice of valve of heart
sclerosis	Strain of heart
stenosis	Stricture of aortic valve
stricture	mitral valve
valvular disease of heart	valve of heart
Morbus cordis	Suppurative inflammation of heart
Muscular degeneration of heart	Thickening of mitral valve
heart disease	valve of heart
Myocardial degeneration	Thrombosis of heart
insufficiency	Thrombus of heart
Myocarditis (60y+) ¹	Tricuspid disease
Myoendocarditis (60y+)	incompetency
Necrosis of heart	insufficiency
mitral valve	lesion
New growth of heart (nonmalignant)	regurgitation
Obstruction of valvular orifice	stricture
Obstructive disease of valve of heart	valvular disease of heart
Edema of heart	Tumor of heart
Organic cardiac disease	Ulceration of valve of heart
lesion	Valvular cardiac disease
disease of heart	lesion
heart disease	collapse
lesion of heart	disease
Ossification of heart	of heart
valve	incompetency
mitral valve	insufficiency
Pancarditis (unqualified)	lesion
Parasitic disease of heart	of heart
Pigmentary degeneration of heart	stenosis
Progressive myocarditis	stricture
Pulmonary insufficiency (1y+)	Valvulitis
regurgitation	Vegetation of valve of heart
	Vitium cordis

This title does not include: Cardiac symptoms (indeterminate) (85).—Persistence of the foramen of Botalli (180).—Paralysis of the heart (180).
Frequent complications: Drowsiness.—Bronchitis and pneumonia.—Albuminuria.—Embolism.—Thrombosis.—Nephritis, chronic parenchymatous.—Nephritis, chronic interstitial.

¹ See note under (78).

III.—DISEASES OF THE CIRCULATORY SYSTEM—Continued.

80. Angina pectoris.

This title includes:

Angina of heart	Neuralgia of heart
pectoris	pericardium
Cardiac angina	Spasm of heart
neuralgia	Stenocardia
spasm	Sternalgia
Neuralgia of chest	

81. Diseases of the arteries, atheroma, aneurysm, etc.

This title includes:

Abdominal aneurysm	Diffuse arteriosclerosis
Amyloid degeneration of artery	Diffused aneurysm
Aneurysm	Dilatation of artery
by anastomosis	Disease of artery
of aorta	cerebral artery
artery	coronary artery
brain	Dissecting aneurysm
carotid	Endarteritis
lung (of pulmonary artery)	deformans
pulmonary artery	obliterans
thorax	of brain
Aneurysmal tumor	Erosion of artery
Angiosclerosis	Fatty degeneration of artery
Annular calcification of artery	Femoral aneurysm
Aortic ectasis	Fusiform aneurysm
sclerosis	General arteriosclerosis
Aortitis	atheroma
Arterial degeneration	Gull and Sutton's disease
sclerosis of brain	Hardening of artery
Arteriectasis	Hodgson's disease
Arteriocapillary fibrosis	Hyaline degeneration of artery
Arteriofibrosis	Hypertrophy of artery
Arteriosclerosis	Infective endarteritis
of brain	periarteritis
Arteriotomy	Intrathoracic aneurysm
Arteriovenous aneurysm	Lardaceous degeneration of artery
Arteritis	Malignant aneurysm
obliterans	Miliary aneurysm
Atheroma	of brain
of artery	Obliteration of artery
Atheromatosis	Obstruction of artery
Atheromatous degeneration	Ossification of artery
of artery	coronary artery
senility	Periarthritis
Basilar atheroma	Rupture of aorta
Calcareous degeneration of artery	artery
Calcification of artery	from disease
Cerebral arterial sclerosis	Saccular aneurysm
arteriosclerosis	Sclerosis of artery
endarteritis	coronary artery
Cirroid aneurysm	Stricture of artery
of artery	Subclavian aneurysm
Degeneration of aorta	Varicose aneurysm
artery	Vascular sclerosis

This title does not include: Aortic affection (79).

III.—DISEASES OF THE CIRCULATORY SYSTEM—Continued.

82. Embolism and thrombosis.*This title includes:*

Aortic thrombosis	Iliac thrombosis
Basilar thrombosis	Obstruction of artery by clot
Cardiac embolism	Occlusion of artery by clot
Cerebral embolism	Phlegmasia alba dolens (nonpuerperal)
thrombosis	Pulmonary embolism
Embolic abscess	thrombosis
aneurysm	Septic embolism
apoplexy	of brain
gangrene	thrombosis
paralysis	thrombus
pneumonia	Thrombosis
Embolism	of artery
of artery	brain
brain	cerebral sinus
coronary artery	eye
heart	iliac artery
intestine	intestine
kidney	kidney
liver	lateral sinus
lung (pulmonary artery)	lung
mesenteric artery	mesentery
pulmonary artery	portal vein
spleen	pulmonary artery
thigh	spinal cord
Embolus	splenic vessel
of heart	uterine vein
Fat thrombosis of heart	vein
Fatty embolism of heart	Thrombotic softening of brain
Femoral embolism	Thrombus of meninges

This title does not include: Embolism (puerperal) (139).**83. Diseases of the veins (varices, haemorrhoids, phlebitis, etc.).***This title includes:*

Aneurysmal varix	Pyæmic phlebitis
Disease of sinus of brain	Pylephlebitis
vein	Fyophlebitis
Endophlebitis	Rupture of varicose vein
External piles	Septic phlebitis
Hæmorrhoidal tumor	thrombophlebitis
Hæmorrhoids	Suppurative phlebitis
Infective phlebitis	Thrombophlebitis
Inflammation of portal vein	Ulcerated varicose vein
vein	Varices
Infusion into vein	Varicocele
Internal piles	Varicose tumor
Ligation of vein	ulcer
Mesophlebitis	vein
Obliteration of vein	Varix
Obstruction of vein	of bladder
Parasitic disease of vein	broad ligament
Periphlebitis	cesophagus
Phlebitis	ovary
of cavernous sinus	pelvis
umbilicus (3m+)	pharynx
Phleboliths	uterine ligament
Piles	vulva
Pneumophlebitis	Venous angioma

This title does not include: Puerperal phlebitis (139).—Tumor: vascular, or erectile (46).—Angioma (46).

III.—DISEASES OF THE CIRCULATORY SYSTEM—Continued.

84. Diseases of the lymphatic system (lymphangitis, etc.).

This title includes:

Abscess of axilla	Inflammation of lymphatic vessel
groin	thymus gland
lymph node	
lymphatic gland	
Adenitis (unqualified)	Inguinal adenitis
of ganglia	lymphadenitis
inguinal region	Lardaceous degeneration of lymph gland
neck	lymphatic gland
Adenopathy	Lymph fistula
Adenophlegmon	scrotum
Angioleucitis	Lymphadenitis
Atrophy of thymus gland	Lymphangiectasis
Axillary adenitis	of scrotum
Bubo	Lymphangitic abscess
Calcification of lymphatic gland	Lymphangitis
Cervical adenitis	Lymphatic abscess
Chyle cyst of mesentery	Lymphatism
Chylothorax	Lymphorrhœa
Compression of lymphatic vessel	Necrosis of lymphatic gland
Cyst arising in lymphatic space	thymus gland
of lymphatic gland	New growth of lymphatic gland
vessel	vessel
thymus gland	thymus gland
Dilatation of lymphatic vessel	Nonfilarial chylocele
Disease of absorbent system	chyloous ascites
gland	Obliteration of lymphatic vessel
lymphatic	Parasitic disease of lymphatic gland
gland	vessel
system	
vessel	
thymus gland	Persistent thymus gland
Enlargement of gland	Pigmentary infiltration of lymphatic
thymus gland	gland
Erosion of lymphatic vessel	Polyadenitis
Fatty degeneration of thymus gland	Rupture of cervical gland
infiltration of thymus gland	lymphatic vessel (nontrau-
Fibrosis of lymphatic gland	matic)
thymus gland	Sclerosis of gland
Gangrenous lymphangitis	Septic adenitis
Hæmorrhage of lymphatic gland	Status lymphaticus
thymus gland	thymicus
Hyaline degeneration of lymphatic gland	Suppurating adenitis
Hyperplasia of cervical gland	bubo
Hyper trophy of gland	Suppuration of lymphatic gland
lymphatic gland	thymus gland
thymus gland	Suppurative adenitis
Infectious adenitis	cervical adenitis
Inflammation of gland	cranial adenitis
lymphatic gland	lymphadenitis

This title does not include: Leucæmic adenitis (53).—Lymphatism [in sense of "scrofula"] (34).—Adenoma (46).—Lymphoma (46).—Lymphadenoma (53).

III.—DISEASES OF THE CIRCULATORY SYSTEM—Continued.

85. Haemorrhage; other diseases of the circulatory system.

This title includes:

Adams-Stokes disease	Hæmorrhagic anaemia
Angiectasis	Heart block
Angiectopia	Internal haemorrhage
Arrhythmia cordis	Intraabdominal haemorrhage
Bleeding	Intrapelvic haemorrhage (male)
Brachycardia	Irregular action of heart
Bradycardia	Lardaceous degeneration of capillaries
Cardiac palpitation	Ligation of artery
Degeneration of capillaries	vessel for haemorrhage
Dilatation of capillaries	Omphalorrhagia (3m+)
Disease of blood vessel	Palpitation of heart
capillaries	Paroxysmal tachycardia
circulatory system	Phlebotomy
Epistaxis	Plugging of nares
Fatty degeneration of capillaries	Popliteal haemorrhage
Functional disease of heart	Postoperative haemorrhage
Hæmorrhage	Rupture of blood vessel
of abdomen	capillaries
adrenal	vena cava
artery	Secondary haemorrhage
breast	Spontaneous haemorrhage
navel (3m+)	Stokes-Adams disease
nose	Stomatorrhagia
penis	Subcutaneous haemorrhage
peritoneum	Suprarenal haemorrhage
scalp (not injury at birth)	Suture of artery
suprarenal gland	Tachycardia
throat	Tamponing of nasal fossa
umbilicus (3m+)	Teleangiectasis
viscera (3m+)	Ulcerous haemorrhage

This title does not include: Hæmorrhage: cerebral, or cerebellar, or bulbar (64).—Meningeal haemorrhage (64).—Pulmonary haemorrhage (98).—Hæmoptysis (98).—Hæmatemesis (103).—Intestinal haemorrhage (110).—Hæmaturia of warm countries (121).—Hæmaturia (unqualified) (122).—Uterine haemorrhage (135 or 128, according to whether puerperal or nonpuerperal).—Metrorrhagia (135 or 128).—Umbilical haemorrhage (—3m) (152).—Traumatic haemorrhage (from 155 to 186, according to the nature of the trauma); if not given (186).—Vascular naevus (150).

IV.—DISEASES OF THE RESPIRATORY SYSTEM.

86. Diseases of the nasal fossæ.

This title includes:

Abscess of nasal fossæ	Disease of nose
septum	Eccchondrosis of nose
nose	Exostosis of nose
Adenoid growth	Fibroma of nasal fossæ
vegetations	Foreign body in nose
of nasal fossæ	Hæmatoma of nasal septum
Adenoids	Hypertrophic rhinitis
Atrophic rhinitis	Hypertrophy of nose
Caries of nose	pharyngeal tonsil
Catarrh of nose	Inflammation of nasopharynx
Cerebrospinal rhinorrhœa	nose
Cold (coryza)	Nasal catarrh
Coryza	growth
of newborn	polypus
Deviation of nasal septum	Nasopharyngeal catarrh
Disease of nasal fossæ	fibroma
septum	growth
nasopharynx	polypus

IV.—DISEASES OF THE RESPIRATORY SYSTEM.—Continued.

86. Diseases of the nasal fossa.—Continued.

This title includes:

Necrosis of nose	Polypus of nose
New growth of nasopharynx (nonmalignant)	Postnasal abscess
nose (nonmalignant)	Rhinitis
Ozenna	Rhinolith
Parasitic disease of nose	Rhinoplasty
Perforation of septum of nose	Rhinoscleroma
Perichondritis of nose	Suppurative inflammation of nose
Periostitis of nose	Tumor of nasal passage
Polypus of nasal fossa	nose
nasopharynx	Ulcer of nasal passage
	Vasomotor rhinitis

This title does not include: Epistaxis (85).—Syphilitic coryza (37).

87. Diseases of the larynx.

This title includes:

Abscess of larynx	Ossification of larynx
Adhesion of epiglottis	Pachydermia verrucosa
Calcification of larynx	Papilloma of larynx
Catarrh of larynx	Paralysis of glottis
throat	larynx
Catarrhal croup	Parasitic disease of larynx
laryngitis	Passive edema of larynx
Congestion of glottis	Perichondritis of larynx
Curetting of larynx	Phlegmonous laryngitis
Disease of glottis	Polypus of larynx
larynx	Postlaryngeal abscess
Epiglottiditis	Pseudocroup
Erysipelatous laryngitis	Retrolaryngeal abscess
False croup	Sclerosis of larynx
Fibrous tumor of larynx	Septic laryngitis
Fistula of larynx	pharyngolaryngitis
Gangrenous laryngitis	Spasm of glottis
Growth in larynx (nonmalignant)	larynx
Infective laryngitis	Spasmodic croup
Inflammation of larynx	laryngitis
Intubation of larynx	Stenosis of larynx
Laryngismus stridulus	Stricture of larynx
Laryngitis	Stridulous croup
Laryngotomy	laryngitis
Laryngotracheotomy	Subglottic laryngitis
Narrowing of larynx	Suppurative laryngitis
Necrosis of larynx	Suprathyroid laryngotomy
Neuralgia of larynx	Thyrotomy
Neurosis of larynx	Tumor of epiglottis
New growth of larynx (nonmalignant)	larynx
Obstruction of larynx	Ulcer of epiglottis
Obstructive laryngitis	larynx
Edema glottidis	Ulceration of epiglottis
of glottis	glottis
larynx	larynx
Edematous laryngitis	Ulcerative laryngitis

This title does not include: Tuberculous laryngitis (28).—Laryngeal tuberculosis (28).—Croup (9).—Diphtheritic laryngitis and its synonyms (9).—Foreign body in the larynx (186).

IV.—DISEASES OF THE RESPIRATORY SYSTEM—Continued.

88. Diseases of the thyroid body.

This title includes:

Abcess of thyroid gland
 Adenoma of thyroid gland
 Adenomatous goitre
 Atrophy of thyroid gland
 Bronchocele
 Cachectic pachydermia
 Colloid goitre
 Cyst of thyroid gland
 Cystic goitre
 Disease of thyroid body gland
 Displaced thyroid
 Enlargement of thyroid gland
 Fibrous goitre
 Gangrene of thyroid gland
 Goitre
 Haemorrhage of thyroid gland
 Hyperthyroidism
 Hypothyroidism
 Inflammation of thyroid gland
 Injection of bronchocele
 Insanity of myxoedema

Internal goitre
 Lardaceous degeneration of thyroid body disease of thyroid gland
 Myxoedema of thyroid gland
 New growth of thyroid gland (non-malignant)
 Pachydermic cachexia
 Parasitic disease of thyroid gland
 Parenchymatous goitre
 Pulsating goitre
 Suppuration of thyroid gland
 Thyrocele
 Thyroid tumor
 Thyroidectomy
 Thyroidism
 Thyroiditis
 Thyroigenous psychosis
 Thyreolinguial cyst
 Tumor of parathyroid gland thyroid body gland

89. Acute bronchitis.

NOTE.—Deaths from bronchitis should be definitely reported as *Acute bronchitis* or as *Chronic bronchitis*, thus permitting proper assignment to this or the following title. When not so qualified, and when the registrar is unable to obtain a specific statement, deaths under 5 years of age are compiled under (89) and deaths of persons aged 5 years and over are compiled under (90).

This title includes:

Acute bronchitis
 bronchorrhoea
 capillary bronchitis
 catarrh
 of lung
 catarrhal bronchitis
 pulmonary catarrh
 purulent bronchitis
 Bronchitis (—5y)
 Bronchoalveolitis
 Capillary bronchitis
 Catarrhal bronchitis (—60y)
 tracheitis
 Cold on lung
 Congestion of bronchi
 bronchial tube
 trachea

Croupous bronchitis
 Cynanche trachealis
 Diffuse bronchitis (—5y)
 Fibrinous bronchitis
 Infantile tracheitis
 Inflammation of bronchi trachea
 Inflammatory bronchitis
 Plastic tracheitis
 Purulent bronchitis (—5y)
 Septic bronchitis
 Simple bronchitis
 Subacute capillary bronchitis
 Suffocating bronchitis
 Tracheal cynanche
 Tracheitis
 Tracheobronchitis

This title does not include: Bronchopneumonia (91).—Specific bronchitis, or any other synonym of tuberculosis of the lung. (See this word under title 28.)—Summer bronchitis (98).

IV.—DISEASES OF THE RESPIRATORY SYSTEM—Continued.

90. Chronic bronchitis.

Note.—See statement under preceding title.

This title includes:

Abcess of bronchi	Chronic pulmonary catarrh
Alveolar catarrh	Cyst of bronchi
Asthmatic catarrh	Diffuse bronchitis (5y+)
Bronchial catarrh	Dilatation of bronchi
Bronchiectasis	Disease of air tube
Bronchitis (5y+)	bronchi
Bronchorrhœa	trachea
Catarrh (unqualified)	Fœtid bronchitis
of bronchi	Hypostatic bronchitis
bronchial tube	Moulders' bronchitis
lung	Nasobronchial catarrh
respiratory organ	Paralysis of bronchi
on chest	Peribronchitis
Catarrhal anaemia	Pituitous bronchitis
bronchitis (60y+)	catarrh
congestion	Pulmonary catarrh
haemorrhage	Purulent bronchitis (5y+)
Chronic bronchitis	bronchorrhœa
bronchopneumonia	Senile bronchitis
capillary bronchitis	Subacute bronchitis
catarrh	Suffocating catarrh
of lung	Ulcerative bronchitis
catarrhal bronchitis	

This title does not include: Tuberculous bronchitis (28).

91. Bronchopneumonia.

This title includes:

Aspiration pneumonia	Deglutition pneumonia
Asthmatic pneumonia	Infantile pneumonia
Bronchial pneumonia	Inhalation pneumonia
Bronchopneumonia	Inspiration pneumonia
Bronchopulmonitis	Insular pneumonia
Capillary pneumonia	Lobular pneumonia
Catarrhal inflammation of lung	Septic bronchopneumonia
lung fever	Typhoid bronchopneumonia
pneumonia	Vesicular pneumonia
Crœpous bronchopneumonia	

This title does not include: Capillary bronchitis (89).

92. Pneumonia.

This title includes:

Acute congestive pneumonia	Apex pneumonia
hepatization of lung	Apical pneumonia
inflammation of lung	Asthenic pneumonia
interstitial pneumonia	Bilateral lobar pneumonia
pleuropneumonia	pneumonia
pneumonia	Central pneumonia
pneumonitis	Circumscribed pneumonia
pulmonitis	Congestive pneumonia
Adynamic pneumonia	Consolidation of lung
Alcoholic pneumonia	Croupous pneumonia
pneumonitis	Diplococcus pneumonia

IV.—DISEASES OF THE RESPIRATORY SYSTEM—Continued.

92. Pneumonia—Continued.

This title includes:

Double pleuropneumonia	Pneumococcus infection (unqualified)
pneumonia	
Epidemic pneumonia	Pneumonia
Fibrinous pneumonia	Pneumonic congestion
Fungoid pneumonia	fever
Gangrenous pneumonia	Pneumonitis
Hepatization of lung	Pneumopleurisy
Infectious pneumonia	Pneumopleuritis
Inflammation of chest	Progressive pneumonia
Inflammation of lung	Pulmonitis
Intermittent pneumonia	Senile pneumonia
Latent pneumonia	Septic pleuropneumonia
Lobar pneumonia	pneumonia
Lung fever	Solidification of lung
Metastatic pneumonia	Splenopneumonia
Migratory pneumonia	Suppurative pneumonia
Peripneumonia	Surgical pneumonia
Pleuroperipneumonia	Traumatic pneumonia
Pleuropneumonia	Typhoid pneumonia
Pneumococcaemia	Unresolved pneumonia

This title does not include: Pneumonia: caseous (28), or specific (28), or bacillary (28), or any other synonym of tuberculosis of the lungs (see title 28).—Catarrhal pneumonia (91).—Interstitial pneumonia (98).—Pulmonary congestion (94).—Hypostatic pneumonia (94).—Pneumatosis (189).

Complications: Suppurative pleurisy.—Pericarditis.

93. Pleurisy.

This title includes:

Abscess of pleura	Pleural effusion
thorax	fever
Adhesion of lung	Pleurisy
pleura	with effusion
Calcification of pleura	Pleuritic adhesion
Chylous hydrothorax	effusion
Diaphragmatic pleurisy	Pleuritis
Disease of pleura	Pleuropericarditis
Double empyema	Pleurorrhœa
hydrothorax	Pneumopyothorax
pleuritis	Pneumothorax
Dropsey of chest	Pulmonary adhesion
Effusion on pleura	Purulent pleurisy
thorax	pleuritis
Empyema	Pyopneumothorax
Exudative pleurisy	Pyothorax
pleuritis	Septic pleurisy
Fibrinous pleurisy	Serofibrinous pleurisy
Fibrous pleurisy	Seropurulent pleurisy
Hæmopneumothorax	Subacute pleurisy
Hæmorthorax	Suppurative pleurisy
Hydropneumothorax	pleuritis
Hydrothorax	Thickening of pleura
Inflammation of pleura	Thoracentesis
Intercostal fistula	Thoracic effusion
Paracentesis of pleura	fistula
Parasitic disease of pleura	Thoracoplasty
Plastic pleurisy	Unresolved pleurisy
Pleural congestion	Water on chest

This title does not include: Pleurodynia (98).

IV.—DISEASES OF THE RESPIRATORY SYSTEM—Continued.

94. Pulmonary congestion, pulmonary apoplexy.*This title includes:*

Active congestion of lung	Passive pneumonia
Apoplexy of lung	Pulmonary anæsarca
Collapse of lung (3m+)	apoplexy
Congestion of lung	collapse (3m+)
Dropsy of lung	congestion
Engorgement of lung	engorgement
Hyperæmia of lung	hyperæmia
Hypostatic congestion	infarction
of lung	œdema
pneumonia	stasis
Infarction of lung	Static pneumonia
Infiltration of lung	Stipe pneumonia
(Edema of lung	Terminal pneumonia
Passive congestion of lung	

95. Gangrene of the lung.*This title includes:*

Gangrene of lung	Pulmonary gangrene
Mortification of lung	

96. Asthma.*This title includes:*

Asthma	Catarrhal asthma
Asthmatic bronchitis	Curschmann's disease
dropsy	Infantile asthma
Bronchial asthma	Spasmodic asthma

This title does not include: Cardine asthma (79).—Suffocating catarrh (90).—Hay fever (93).**97. Pulmonary emphysema.***This title includes:*

Atrophic emphysema	Interlobular emphysema
Congenital emphysema	Pulmonary emphysema
Emphysema	Senile emphysema
of lung	Subpleural emphysema
Hypertrophic emphysema	Vesicular emphysema

This title does not include: Subcutaneous emphysema (145).**98. Other diseases of the respiratory system (tuberculosis excepted).***This title includes:*

Abscess of lung	Black induration of lung
trachea	Bronchopulmonary haemorrhage
Alcoholic cirrhosis of lung	Broncherragia
Anthracosis	Brown induration of lung
of lung	Calcification of bronchi
Aspergillosis of lung	trachea
Atelectasis (3m+)	Calculus of lung
Atresia of lung (1y+)	Chronic congestive pneumonia
Atrophy of lung	hepatization of lung
Axe-grinders' disease	inflammation of lung

IV.—DISEASES OF THE RESPIRATORY SYSTEM—Continued.

98. Other diseases of the respiratory system (tuberculosis excepted)—Continued.

This title includes:

Chronic interstitial inflammation of lung	Organic lesion of lung
pneumonia	Ossification of bronchi
pleuropneumonia	trachea
pneumonia	Paralysis of lung (ly+)
pneumonitis	Parasitic disease of bronchi
pulmonitis	lung
Cirrhosis of lung	trachea
Cirrhotic pneumonia	Pleurodynia
Colliers' lung	Pneumoconiosis
phthisis	Pneumonectomy
Contraction of bronchi	Pneumopathy
Cough	Pneumorrhagia
Disease of chest	Potters' asthma
lung	Pulmonary abscess
respiratory system (unqualified)	anthracosis
Exploration of lung	atresia (ly+)
Extravasation of lung (ly+)	calculus
Fibroid disease of lung	cirrhosis
induration of lung	disease
of lung	extravasation (ly+)
pneumonia	fibrosis
Fibrosis of lung	haemorrhage
Fistula of trachea	infection
Grinders' asthma	lesion
consumption	sclerosis
phthisis	silicosis
Hæmoptysis	toxæmia
Hæmorrhage of bronchial tube	tumor
lung	Pyæmia of lung
Hay asthma	Respiratory paralysis
fever	Rupture of bronchial gland
Hernia of lung	lung
Hydatid cyst of lung	pulmonary artery
of lung	Sclerosis of lung
tumor of lung	Septichæmia of lung
Hypertrophic pneumonia	Silicosis
Imperfect inflation of lung (3m+)	Spitting of blood
Induration of lung	Stenosis of bronchi
Infection of lung	trachea
Interstitial pneumonia	Stonemasons' lung
Iron-gray induration of lung	Stricture of bronchi
Lesion of lung	trachea
Lithosias	Summer bronchitis
Metal polishers' phthisis	catarrh
Miners' asthma	Suppuration of lung
complaint	Tracheal obstruction
consumption	Tracheocele
phthisis	Tracheostenosis
Necrosis of bronchi	Tracheotomy
trachea	Tumor of lung
New growth of bronchi (nonmalignant)	pleura
lung (nonmalignant)	trachea
pleura (nonmalignant)	Ulcer of bronchi
trachea (nonmalignant)	lung
Obstruction of bronchi	trachea
Organic disease of lung	Undeveloped lung (3m+)
	Vomica of lung

This title does not include: Cancer of the lung (45).

V.—DISEASES OF THE DIGESTIVE SYSTEM.

99. Diseases of the mouth and annexa.

This title includes:

Abcess of buccal cavity	New growth of gum (nonmalignant)
parotid gland	mouth (nonmalignant)
salivary gland	salivary gland (nonmalignant)
submaxillary gland	tongue (nonmalignant)
tongue	Nursing sore mouth
Alveolar abcess	Odontalgia
Alveolodental periostitis	Odontoma
Angioma of mouth	Oidium albicans
Aphthae (thrush)	Parasitic disease of mouth
Aphthous stomatitis	tongue
Black tongue	Stomatitis
Buccal ulceration	Parotid tumor
Catarrhal inflammation of mouth	Parotiditis (not mumps)
stomatitis	Parotitis (not mumps)
Cheiloplasty	Ptyalism
Chronic parotiditis	Pyorrhœa alveolaris
Concretion of salivary gland	Ranula
Cyst of lip	Riggs's disease
mouth	Salivary calculus
salivary gland	fistula
tongue	Salivation
Dental caries	Septic parotiditis
Disease of alveoli of teeth	Sore mouth
gum	Sprue (thrush)
lip	Staphylitis
mouth	Staphyloplasty
salivary gland	Staphylorrhaphy
teeth	Stomatitis
tongue	Stomatomycosis
Division of frenum of tongue	Sublingual abcess
Enlargement of lingual tonsil	Submaxillary abcess
Epulis	Suppuration of gum
Fissure of lip	parotid gland
Fistula of salivary gland	salivary gland
Gaseous tumor of parotid	Suppurative parotiditis
Gingivitis	Thrush
Glossitis	Toothache
Hæmorrhage of gum	Tumor of gum
Infected salivary gland	lip
Infection of parotid gland	mouth
Infflammation of gum	parotid gland
lip	salivary gland
mouth	tongue
salivary gland	Tylosis linguae
tongue	Ulcer of gum
Leucoplakia	lip
Lingual abcess	mouth
haematoma	tongue
Macrocheilia	Ulcerative stomatitis
Macroglossia	Ulorrhagia
Malignant stomatitis	Uranoplasty
Mikulicz's disease	
Muguet	

This title does not include: Cancer of the tip or tongue (39).—Chancre of the mouth (87).—Noma (12).—Mumps (19).—Gangrene of the mouth (142).—Diseases of the palate (146).—Fracture of the maxilla (146).—Necrosis of the maxilla (146).—Paralysis of the soft palate (160).

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

100. Diseases of the pharynx.

This title includes:

Abscess of fauces	New growth of tonsil (nonmalignant)
pharynx	Papillary angina
throat	Paralysis of deglutition
tonsil	fauces
Amygdalitis	palate
Amygdalolith	pharynx
Angina	soft palate
Ludovici	throat
of tonsil	velum palati
Aphthous angina	Parenchymatous tonsillitis
Catarrhal angina	Perforation of pharynx
inflammation of fauces	Peritonsillar abscess
pharyngitis	ulcer
Cellulitis of pharynx	Pharyngitis
Chronic exudative angina	Pharyngotomy
Cynanche tonsillaris	Phlegmon of throat
Dilatation of pharynx	Phlegmonous angina
stricture of pharynx	pharyngitis
Disease of fauces	tonsillitis
palate	Postpharyngeal abscess
pharynx	Pultaceous angina
throat	Quinsy
Elongation of uvula	Retropharyngeal abscess
Enlargement of tonsil	gangrene
Erysipelas of angina	Rupture of tonsil
Erythematous angina	Septic disease of throat
Follicular amygdalitis	sore throat
inflammation of pharynx	Simple angina
pharyngitis	Sore throat
tonsillitis	Spasm of pharynx
Foreign body impacted in pharynx	Specific ¹ growth in throat
Gangrene of pharynx	Streptococcic angina
throat	Stricture of pharynx
Gangrenous angina	Stridulous angina
Glandular angina	Subhyoid pharyngotomy
Granular angina	Suppuration of tonsil
inflammation of pharynx	Suppurative tonsillitis
pharyngitis	Tonsillitic angina
pharynx	Tonsillitis
Herpetic angina	Tonsillopharyngeal abscess
Hypertrophy of tonsil	Tumor of pharynx
Infestation of pharynx	throat
tonsil	tonsil
throat	uvula
Lacunar tonsillitis	Ulcer of fauces
Ludwig's angina	palate
disease	pharynx
Mortification of throat	throat
Nasopharyngeal abscess	tonsil
Neuralgia of throat	Ulcerative pharyngitis
Neurosis of pharynx	tonsillitis
New growth of fauces (nonmalignant)	Vincent's angina
pharynx (nonmalignant)	

This title does not include: Angina pectoris (30).—Cardiac angina (30).—Seizantian angina (7).—Diphtheritic paralysis (9).

¹ When "specific" means *syphilitic*, assign to (37).

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

101. Diseases of the oesophagus.

This title includes:

Abscess of oesophagus	Oesophagostomy
Dilatation of oesophagus	Oesophagotomy
Disease of oesophagus	Paralysis of oesophagus
Diverticulum of oesophagus	Perforation of oesophagus
Dysphagia	Rupture of oesophagus
Foreign body in oesophagus	Spasm of oesophagus
Inflammation of oesophagus	Spontaneous rupture of oesophagus
Necrotic oesophagitis	Stenosis of oesophagus
New growth of oesophagus (nonmalignant)	Stricture of oesophagus
Obstruction of oesophagus	Tumor of oesophagus
Oesophagismus	Ulcer of oesophagus
Oesophagitis	

This title does not include: Cancer of the oesophagus (40).—Syphilitic stricture of the oesophagus (37).

102. Ulcer of the stomach.

This title includes:

Erosion of stomach	Perforating ulcer of stomach
Gastric erosion	Round ulcer
ulcer	of stomach
ulceration	
Gastroduodenal ulcer	Ulcer of peptic gland
Gastroesophageal ulcer	pylorus
Peptic ulcer	stomach
Perforating gastric ulcer	Ulcus rotundum
	ventriculi

Frequent complications: Haematemesis.—Perforation of the stomach.—Peritonitis.—Subphrenic abscess.

103. Other diseases of the stomach (cancer excepted).

This title includes:

Abscess of pyloric valve	Degeneration of stomach
stomach	Derangement of stomach
Amylaceous dyspepsia (2y+)	Dilatation of stomach
Apepsia	Disease of stomach
Atonic dyspepsia	Displacement of stomach
Atony of stomach	Dyspepsia (2y+)
Atrophy of stomach	Engorgement of stomach
Bilious gastritis	Enlargement of stomach
indigestion	Eructation
vomiting	Excessive appetite
Canker of stomach	Fermentation of stomach
Cardialgia	Fistula of stomach
Cardioespasm	Foreign body in stomach
Catarrh of stomach	Gangrene of stomach
Catarrhal dyspepsia (2y+)	Gastralgia
gastritis	Gastrectasis
gastrohepatitis	Gastrectomy
indigestion	Gastric atrophy
inflammation of stomach	catarrh
Cirrhosis of stomach	colic
Colic of stomach	convulsions
Concretion of stomach	derangement
Congenital dyspepsia (2y+)	disease
Congestion of stomach	fermentation
Contraction of pylorus	fistula
stomach	haemorrhage
Deformity of stomach (acquired)	indigestion

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

103. Other diseases of the stomach, etc.—Continued.

This title includes:

Gastric necrosis	Necrosis of pylorus
neuralgia	Necrosis of stomach
neurasthenia	Nervous dyspepsia
toxæmia	indigestion
vertigo	Neuralgia of stomach
Gastritis	Neurotic dyspepsia
Gastrodynia	New growth of stomach (nonmalignant)
Gastroenterostomy	Obstruction of pylorus
Gastrogastrostomy	Organic disease of stomach
Gastrohepatitis catarrh	lesion of stomach
inflammation	Paralysis of stomach
Gastrohepatitis	Parasitic disease of stomach
Gastromalacia	Paresis of stomach
Gastoplasty	Perforation of stomach (nontraumatic)
Gastropoiesis	Pernicious vomiting (female, —15y, 45y+) (male)
Gastrorrhagia	Persistent vomiting (female, —15y, 45y+) (male)
Gastrorrhaphy	Perversion of appetite
Gastrorrhœa	Phlegmonous gastritis
Gastrostenosis	Pica
Gastrotomy	Pylorectomy
Gastrotomy	Pyloric incontinence
Glandular gastritis	Pyloroplasty
Hæmatemesis	Pylorospasm
Hæmorrhage of stomach	Pyrosis
Hæmorrhagic gastritis	Regurgitation from stomach
Heartburn	Rupture of stomach
Hour glass stomach	Sclerosis of stomach
Hyperæmia of stomach	Sclerotic gastritis
Hyperchlorhydria	Septic gastritis
Hyperchylia gastrica	Softening of stomach
Hyperemesis (unqualified)	Spasm of stomach
Hypertrophic stenosis of pylorus	Stenosis of pylorus
Hypertrophy of stomach	Stricture of cardia of stomach
Hypochlorhydria	pylorus
Indigestion	stomach
Induration of stomach	Suppurative gastritis
Inertia of stomach	Ulcerative gastritis
Inflammation of stomach	Uncontrollable vomiting (female, —15y, 45y+) (male)
Irritation of stomach	Vomiting
Laceration of stomach (not external violence)	of blood
Lardaceous disease of stomach	
Loss of appetite	
Nausea	

This title does not include: Gastroenteritis (104 or 105 according to age). Uncontrollable vomiting in cases of women between 15 and 45 years of age (134).

DIARRHOEA AND ENTERITIS.

NOTE.—As the terms included under titles 104 and 105 are substantially identical, the distinction being with respect to the ages of decedents as *under* or *over* two years of age, it is unnecessary to give separate lists.

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

DIARRHOEA AND ENTERITIS—Continued.

104. Diarrhoea and enteritis (under 2 years).

105. Diarrhoea and enteritis (2 years and over).

For the following terms included under the above titles, compile deaths of infants under 2 years of age under title No. 104 and deaths of persons aged 2 years and over under title No. 105:

Amylaceous dyspepsia (-2y) ¹	Epidemic diarrhoea
Athrepsia	enteritis
Bilious colic	gastroenteritis
diarrhoea	
Bloody diarrhoea	Erosion of intestine
Bowel complaint	Exudative colitis
Catarrh of abdomen	Fermental diarrhoea
bowel	enteritis
intestine	Fermentation in intestine
Catarrhal colitis	Flagellate diarrhoea
diarrhoea	Flatulent colic
dyspepsia (-2y) ¹	Follicular enteritis
enteritis	ileocolitis
gastroduodenitis	Gangrenous colitis
gastroenteritis	enteritis
ileocolitis	Gastrocolitis
Cholera infantum	Gastroduodenal catarrh
Choleratic diarrhoea ¹	Gastroduodenitis
Choleriform diarrhoea ¹	Gastroenteric catarrh
enteritis ¹	infection
Chronic cholera	Gastroenteritis
Colic	Gastrointestinal atrophy
of abdomen	catarrh
intestine	convulsions
Colitis	dyspepsia
Coloenteritis	indigestion
Congenital dyspepsia (-2y) ¹	infection
Congestion of bowel	inflammation
intestine	intoxication
Congestive enteritis	irritation
gastroenteritis	toxinfection
Croupous colitis	ulceration
enteritis	
Diarrhoea	Green diarrhoea
due to food	stools
Diarrhoeal enteritis	Hæmorrhagic colitis
gastritis	enteritis
Dry colic	gastroenteritis
Duodenal ulcer	Hypersæmia of intestine
Duodenitis	Ileocolitis
Dyspepsia (-2y) ¹	Infantile athrepsia
Dyspeptic diarrhoea	colic
Endemic diarrhoea	diarrhoea
Enteric catarrh	enteritis
convulsions	Infection of intestine
infection	Infective diarrhea
intoxication	enteritis
Enteritis	gastroenteritis
Enterocolitis	Inflammation of alimentary canal
Enterogastritis	bowel
Enteroperitonitis	colon
	intestine
	Infammatory colic

¹ "Dyspepsia" is regularly included under title No. 103, but when returned for infants under 2 years (usually intestinal indigestion), is assigned to title 104. Similarly, "choleriform" diarrhoea and enteritis are assigned to title No. 13 for ages over 2 years.

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

DIARRHOEA AND ENTERITIS—Continued.

Inflammatory diarrhoea	Septic diarrhoea
Intestinal auto intoxication (—2y)	enteritis
colic	gastroenteritis
convulsions	
cramps	
dyspepsia	Sigmoiditis
indigestion	Simple enteritis
infection	Spasmodic colic
intoxication	Specific enteritis
marasmus	Sporadic diarrhoea
rhachitis	Spurious hydrocephalus
spasms	Subacute enteritis
toxaemia	enterocolitis
toxinfection	inflammation of bowel
Irritation of bowel	intestine
intestine	Summer milk infection
Membranous colitis	complaint
enteritis	diarrhoea
enterocolitis	Ulcer of colon
ileocolitis	duodenum
Milk infection	intestine
Mucoenteritis	Ulceration of bowel
Mucous colitis	colon
disease	ileum
enteritis	intestine
Mycotic diarrhoea	Ulcerative colitis
Necrotic colitis	enteritis
Perforating ulcer of intestine	enterocolitis
Phlegmonous enteritis	ileocolitis
Purgung	perforation of intestine
Sarcinal infection	Uncontrollable diarrhoea
Senile diarrhoea	Zymotic diarrhoea
Septic colitis	enteritis
	gastroenteritis

These titles do not include: Tuberculous enteritis (31).

106. Ankylostomiasis.

This title includes:

Ankylostomiasis	Miners' anaemia
Egyptian chlorosis	chlorosis
Epidemic anaemia	Necatoriasis
Hookworm disease	Uncinarias

107. Intestinal parasites.

This title includes:

Ascariasis	Rectal bilharziasis
Ascaris lumbricoides	Round worm
Bilharziasis	Tænia mediocanellata
Bothriocephalus latus	solium
Cestodes	Tæniasis
Coccidiasis	Tapeworm
Distoma hepaticum	Trematodes
Distomiasis	Trichiniasis
Helminthiasis	Trichinosis
Parasite of appendix	Trichocephalus
intestinal wall	dispar
intestine	
Parasitic disease of intestine	Worm colic
rectum	fever
	Worms in intestine

¹ This term can not, in American practice, be given the assignment of the French Manual, title No. 110. As used in this country, it is assignable to 104 or 106, according to age. The great majority of the deaths ascribed to this cause in the United States are those of children under 2 years of age, occurring during the heated season.

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

108. Appendicitis and typhalitis.

This title includes:

Abscess of appendix	Pericæcal abscess
iliac fossa	Perityphilitic abscess
vermiform appendix	Perityphlitis
Appendectomy	Phlegmon of iliac fossa
Appendicitis	Postcæcal abscess
Appendicular abscess	Recurrent appendicitis
Cæcitis	Ruptured appendix
Catarrhal appendicitis	Septic thrombosis of appendix
Fulminating appendicitis	Sloughing appendix
Gangrenous appendicitis	Suppurative appendicitis
Iliac phlegmon	Tumor of appendix
Inflammation of appendix	Typhlitis
cæcum	Typhlodicliditis
Perforative appendicitis	

This title does not include: Abscess of the pelvis in the male (144).—Abscess of the pelvis in the female (130).—Periperitoneal abscess (130).—Pelvic suppuration in the male (144).—Pelvic suppuration in the female (130).

109. Hernia, intestinal obstruction.

NOTE.—This title may be subdivided as indicated below.

(1) Hernia.

This subtitle includes:

Adhesion of hernial sac	Intraparietal hernia
Breach	Irreducible hernia
Bubonocele	Ischiadic hernia
Congenital hernia	Ischiorectal hernia
inguinal hernia	Kelotomy
rupture	Laceration of hernial sac
Diaphragmatic hernia	Lumbar hernia
of stomach	Merocele
Direct inguinal hernia	Oblique inguinal hernia
Double inguinal hernia	Obturator hernia
Dropsy of hernial sac	Omental hernia
Enterocoele	Perineal hernia
Epigastric hernia	Pudendal hernia
Epiptolele	Retroperitoneal hernia
External hernia	Rupture
inguinal hernia	of bowel
Femoral hernia	diaphragm
Funicular inguinal hernia	intestine
Gangrenous hernia	Sarcepiptolele
Hernia	Sarcepiplomphalocele
of intestine	Sarcoepiplocele
scrotum	Sciatic hernia
spleen	Scrotal hernia
stomach	Strangulated epigastric hernia
umbilicus	femoral hernia
Hernial cholera	hernia
colic	inguinal hernia
gangrene	internal hernia
Herniotomy	ischiadic hernia
Incarcerated hernia	ischiorectal hernia
Infantile inguinal hernia	lumbar hernia
Inflammation of hernial sac	obturator hernia
Inguinal hernia	umbilical hernia
(bubonocele)	ventral hernia
Internal hernia	Suppuration of hernial sac
inguinal hernia	Umbilical hernia
Interstitial hernia	Vaginal hernia
Intestinal hernia	Ventral hernia
Intraabdominal hernia	

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

109. Hernia, intestinal obstruction—Continued.

(2) Intestinal obstruction.

This subtitle includes:

Artificial anus	Stenosis of bowel
Constriction of intestine	intestine
Contraction of bowel	sigmoid flexure
intestine	
Enterostenosis	Stercoral tumor
Ileus	vomiting
Infarction of bowel	Stoppage of bowel
intestine	intestine
Internal strangulation	Strangulation of bowel
Intestinal obstruction	intestine
Intussusception	Stricture of bowel
of bowel	colon
intestine	duodenum
viscera	intestine
Invagination	sigmoid flexure
of bowel	Telescoped bowel
intestine	intestine
Obstruction of alimentary canal	Twist of bowel
bowel	Unnatural anus
intestine	Volvulus
Occlusion of bowel	of intestine
intestine	Vomiting of fecal matter

This subtitle does not include: Laparotomy (unqualified) (189).*Frequent complication:* Peritonitis.

110. Other diseases of the intestines.

This title includes:

Abdominal neuralgia	Dilatation of colon
tympanites	intestine
Abcess of anus	sphincter ani
bowel	Disease of alimentary canal
colon	anus
intestine	bowel
Meckel's diverticulum	intestine
rectum	rectum
Acquired diverticulum of intestine	Diverticulitis
Adenitis of intestine	Diverticulum of intestine
Adhesion of intestine	Enlargement of rectum
Anal ulcer	Enteralgia
Atony of intestine	Enterectomy
Atresia of rectum	Enteric paralysis
Atrophy of intestine	Enterolith
Calculus of intestine	Enteroptosis
Cellulitis of anus	Enterorrhagia
Colectomy	Enterorrhaphy
Colibacillosis	Enterostomy
Colotomy	Enterotomy
Compression of intestine (nontraumatic)	Fæcal abscess
Concretion of intestine	fistula
Constipation	impaction
Copremia	obstruction
Coprostasis	Fissure of anus
Costiveness	Fistula in ano
Degeneration of intestine	of intestine

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

110. Other diseases of the intestines—Continued.

This title includes:

Fistula of ischiorectal fossa	Organic lesion of intestine
rectum	
Foreign body in alimentary canal	Paralysis of bowel
appendix	colon
intestine	digestive organs
rectum	intestine
Gangrene of anus	Paresis of bowel
bowel	intestine
intestine	Perforation of bowel
rectum	intestine
Gastroenteric haemorrhage	Periproctitis
Gastrointestinal haemorrhage	Perirectal abscess
Glénard's disease	cellulitis
Haemorrhage of anus	Polypus of rectum
bowel	Procidentia recti
intestine	Proctalgia
rectum	Proctectomy
Hypertrophy of intestine	Proctitis
Impacted faeces	Proctocele
Impaction of bowel	Proctoptosis
colon	Prolapse of anus
faeces	rectum
intestine	Pseudomembranous enteritis
rectum	Psilosis
Inflammation of anus	Rectitis
rectum	Rectocele
Intestinal anastomosis	Rectovaginal fistula
auto intoxication (2y+)	Resection of bowel
neurosis	intestine
Intestinouterine fistula	Rupture of duodenum
Intraperitoneal haemorrhage	rectum
Ischial abscess	Sloughing of rectum
Ischiorectal abscess.	Spasms of rectum
fistula	Spanchnoptosis
haematocele	Sprue (psilosis)
Laceration of anus	Stercoræmia
intestine	Stercoral fever
rectum	fistula
Lardaceous degeneration of intestine	infiltration
disease of intestine	Stricture of anus
Malignant oedema of rectum	rectum
Melena	Suppuration of bowel
neonatorum (3m+)	intestine
Meteorism	Suture of intestine
Mortification of bowel	Tumor of anus
intestine	intestine
Neuralgia of bowel	rectum
intestine	Tympanites
New growth of anus (nonmalignant)	of intestine
rectum (nonmalignant)	Ulceration of anus
Obstipation	rectum
Organic disease of intestine	Uterofæcal fistula
	Uterointestinal fistula

This title does not include: Urinary fistulas even when they affect the rectum (125).—Artificial anus (109).—Unnatural anus (109).—Imperforate anus (150).—Stercoral tumor (109).—Intestinal invagination or its synonyms (109).—Typhilitis (108).—Parityphilitis (108).

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

111. Acute yellow atrophy of the liver.*This title includes:*

Acute atrophy of liver
 infective jaundice
 parenchymatous hepatitis
 yellow atrophy of liver

Icterus gravis

Malignant hepatitis (ly+)
 icterus (ly+)
 jaundice (ly+)

Parenchymatous hepatitis
 Pernicious icterus
 Weil's disease
 Yellow atrophy of liver

This title does not include: Icterus (unqualified) (115).—Chronic icterus (115).—Icterus of the newborn (151).

112. Hydatid tumor of the liver.*This title includes:*

Cysticercus cellulose
 of liver

Echinococcus
 cyst of liver
 of liver

Hydatid (unqualified)
 cyst

Hydatid cyst of liver
 disease
 of liver
 tumor
 of liver

113. Cirrhosis of the liver.*This title includes:*

Alcoholic cirrhosis
 of liver

hepatitis
 liver

Amyloid degeneration of liver
 liver

Atrophic cirrhosis
 of liver

Biliary cirrhosis

Chronic atrophy of liver
 catarrhal hepatitis
 cirrhosis of liver
 enlargement of liver
 fibrous hepatitis
 hepatitis

hypertrophic hepatitis
 induration of liver
 inflammation of liver
 interstitial hepatitis

Cirrhosis (unqualified)
 of Laënnec
 liver

Congenital cirrhosis of liver (ly+)
 hepatic cirrhosis (ly+)

Contracted liver

Fatty degeneration of liver
 liver

Fibroid liver

Granular liver

Hanot's disease

Hepatic ascites
 cirrhosis
 sclerosis

Hobnail liver

Hypertrophic cirrhosis
 of liver

Induration of liver

Interstitial cirrhosis
 of liver

hepatitis

Lardaceous degeneration of liver
 liver

Large waxy liver

Malarial cirrhosis

Portal cirrhosis

Sclerosis of liver

Slow atrophy of liver

Steatosis of liver

Waxy degeneration of liver
 liver

This title does not include: Organic lesion of the liver (115).—Hypertrophy of the liver (115).
Frequent complications: Dropsy.—Haemorrhage.—Pneumonia.—Tuberculosis.

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

114. Biliary calculi.

This title includes:

Biliary calculus	Gall stones
colic	in intestine
lithiasis	
Calculus of gall bladder	Hepatic calculus
liver.	colic
Cholæmic gall stones	Impacted calculus of liver
Cholelithiasis	gall stones
Colic from gall stones	Impaction of gall bladder

115. Other diseases of the liver.

This title includes:

Abscess of gall bladder	Cyst of gall bladder
liver	duct
Acholia	liver
Acquired deformity of liver	Degeneration of liver
Acute catarrhal hepatitis (ly+)	Diffuse hepatitis
jaundice (ly+)	suppurative hepatitis
cirrhosis of liver	Dilatation of gall bladder
enlargement of liver	duct
fibrous hepatitis	Disease of liver
hepatitis (ly+)	Displacement of liver
hypertrophic hepatitis	Dropsey of liver
induration of liver	Empyema of gall bladder
inflammation of liver	Enlargement of liver
interstitial hepatitis	Fibroid tumor of liver
Adhesion of gall bladder	Gangrene of gall bladder
Amœbic abscess of liver	duct
Angiocholecystitis	Gastrohepatic congestion
Angiocholitis	disease
Atrophy of gall bladder	Hæmatogenous icterus (ly+)
liver	jaundice (ly+)
Biliary fistula	Haemorrhage of liver
obstruction	Hæmorrhagic icterus (ly+)
poisoning	jaundice (ly+)
toxæmia	Hepatalgia
Black jaundice (ly+)	Hepatectomy
Catarrh of bile duct	Hepatic abscess
liver	catarrh
Catarrhal cholangitis	congestion
cholecystitis	disease
hepatitis (ly+)	dropsey
icterus (ly+)	fever
jaundice (ly+)	hypertrophy
Cholæmia	obstruction
Cholangitis	ulcer
Cholecystectomy	Hepatitis (ly+)
Cholecystenterostomy	Hepatocystitis
Cholecystitis	Hepatoptosis
Cholecystotomy	Hyperæmia of liver
Choledochitis	Hypertrophic hepatitis
Choledochotomy	Hypertrophy of gall bladder
Cholesteræmia	duct
Choluria	liver
Chronic catarrhal jaundice	Icterus (ly+)
Congenital icterus (ly+)	Infectious cholecystitis
Congestion of liver	Inflammation of bile duct
Contraction of gall bladder	capsule of liver
duct	gall bladder

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

115. Other diseases of the liver—Continued.

This title includes:

Inflammation of gall duct	Pigmentary degeneration of liver
hepatic duct	Plugging of gall bladder
liver	duct
Jaundice (1y+)	Portal obstruction
Liver complaint	phlebitis
trouble	Prolapse of liver
Morbus regius	Pyæmia of liver
Necrosis of gall bladder	Result of tight lacing on liver
liver	Rupture of bile duct
New growth of gall bladder (nonmalignant)	gall bladder
duct (nonmalignant)	duct
liver (nonmalignant)	
Nutmeg liver	Septic hepatitis
Obstruction of bile duct	jaundice (1y+)
common duct	Stenosis of bile duct
gall bladder	gall duct
duct	Stricture of common duct
liver	gall bladder
portal circulation	duct
vein	Subhepatic abscess
Obstructive cholecystitis	Suppuration of gall bladder
icterus (1y+)	Suppurative cholangitis
jaundice (1y+)	cholecystitis
Occlusion of bile duct	choledochitis
gall duct	hepatitis
Organic disease of liver	inflammation of liver
lesion of liver	Suture of liver
Paralysis of liver	Torpid liver
Parasitic disease of gall bladder	Toxic jaundice
duct	Tropical abscess of liver
liver	Tumefaction of liver
Perforation of bile duct	Tumor of bile duct
gall bladder	gall bladder
duct	duct
Pericholecystitis	liver
Perihepatitis	Ulcer of gall bladder
Pick's disease	duct
	liver
	Yellow jaundice (1y+)

This title does not include: Icterus gravis (111).—Icterus of the newborn (151).

116. Diseases of the spleen.

This title includes:

Abscess of spleen	Infection of spleen
Amyloid degeneration of spleen	Inflammation of capsule of spleen
spleen	spleen
Apoplexy of spleen	Interstitial splenitis
Atrophy of spleen	Lardaceous degeneration of spleen
Congestion of spleen	disease of spleen
Cyst of spleen	Megalosplenia
Disease of accessory spleen	Necrosis of spleen
spleen	New growth of spleen (nonmalignant)
Displacement of spleen	Organic disease of spleen
Enlargement of spleen	lesion of spleen
Erosion of spleen	Parasitic disease of spleen
Fibroid growth of spleen	Perisplenitis
Fibrosis of spleen	Rupture of spleen
Hæmorrhage of spleen	Splenectomy
Hydatid cyst of spleen	Splenitis
Hypertrophy of spleen	Splenocele
Infarction of spleen	Splenopathy

V.—DISEASES OF THE DIGESTIVE SYSTEM—Continued.

116. Diseases of the spleen—Continued.

This title includes:

Splenoptosis	Tumor of spleen
Splenotomy	Wandering spleen
Spontaneous rupture of spleen	Waxy spleen

This title does not include: Diseases of the spleen due to leucæmia (53) or to malarial cachexia (4). Banti's disease (54).—Tuberculosis (34), or cancer (45); of the spleen.

117. Simple peritonitis (nonpuerperal).

NOTE.—When a female of childbearing age (approximately 15 to 44 years) is reported to have died from "Peritonitis," without further explanation, return the certificate to the physician for an explicit statement as to whether the condition was or was not puerperal. See also page 117.

This title includes:

Abdominal adhesion	Mesenteric abscess
Abscess of Douglas's cul-de-sac	Metroperitonitis (nonpuerperal)
omentum	Multiple septic peritonitis
peritoneum	Parasitic disease of peritoneum
Adhesion of peritoneum	Pelvic lymphangitis
stomach	peritonitis
Adhesive peritonitis	Pelviperitonitis (nonpuerperal)
Congenital peritonitis (3m+)	Perforative peritonitis
Cyst of peritoneum	Peritoneal infection (nonpuerperal or un-
Diffuse peritonitis	qualified)
Disseminated peritonitis	septicaemia
Epiploitis	Peritonitis
Fibrinous peritonitis	from perforation
Fibropurulent peritonitis	Phlegmonous peritonitis
Foreign body in peritoneum	Postoperative peritonitis
Gangrene of omentum	Purulent peritonitis
General peritonitis	Septic peritonitis
purulent peritonitis	Serofibrinous peritonitis
septic peritonitis	Simple peritonitis (not puerperal)
Hæmorrhagic peritonitis	Subacute general peritonitis
Inflammation of peritoneum	Suppurative peritonitis
Local peritonitis	Traumatic peritonitis

This title does not include: Tuberculous peritonitis (31).—Cancer of the peritoneum (41).—Puerperal peritonitis (137).—Rheumatic peritonitis (47).

118. Other diseases of the digestive system (cancer and tuberculosis excepted).

This title includes:

Abdominal abscess	Hæmorrhage of pancreas
Abscess of abdomen	Hæmorrhagic cyst of pancreas
pancreas	pancreatitis
Apoplectic pancreatitis	Inflammation of pancreas
Apoplexy of pancreas	Interstitial pancreatitis
Atrophy of pancreas	Necrosis of pancreas
Calculus of pancreas	New growth of pancreas (nonmalignant)
Cirrhosis of pancreas	Obstruction of pancreatic duct
Cyst of pancreas	Pancreatitis
Cystic pancreatitis	Parasitic disease of pancreas
Degeneration of pancreas	Stone in pancreatic duct
Dilatation of duct of pancreas	Subacute pancreatitis
Disease of digestive system (unqualified)	Subdiaphragmatic abscess
pancreas	Subphrenic abscess
Fibrous pancreatitis	Suppuration of pancreas
Gangrene of pancreas	Suppurative pancreatitis
Gangrenous pancreatitis	Tumor of pancreas

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA.

119. Acute nephritis.

NOTE.—When acute nephritis is a sequel of an infective disease, e. g., scarlet fever, the disease causing the nephritis should be stated as the cause of death. Terminal symptoms of a chronic nephritis should not be reported as acute nephritis. In the lists under (119) and (120) the expression "inflammation of the kidney" may be understood wherever the word "nephritis" occurs.

This title includes:

Acute albuminous nephritis
albuminuria
alcoholic nephritis
Bright's disease
catarrhal nephritis
desquamative nephritis
diffuse nephritis
epithelial nephritis
exudative nephritis
glomerulonephritis
haemorrhagic nephritis
inflammation of kidney

Acute interstitial nephritis
nephritis
parenchymatous nephritis
renal dropsy
tubal nephritis
tubular nephritis
Desquamative nephritis
Glomerular nephritis
Glomerulonephritis
Infantile nephritis
Infectious nephritis
Subacute nephritis

This title does not include: Scarlatinal nephritis (7).—Chronic nephritis (120).—Tuberculous nephritis (34).—Puerperal nephritis (158).—Nephritis from lead poisoning (57).

Complications: Anasarca.—Convulsions.

120. Bright's disease.

NOTE.—See note under preceding title.

This title includes:

Albuminous nephritis
Albuminuria
Albuminuric retinitis
Alcoholic nephritis
Amyloid degeneration of kidney
kidney
Atrophy of kidney
Bright's disease
Cardiorenal sclerosis
Catarrhal nephritis
Chalazonephritis
Chronic albuminous nephritis
albuminuria
alcoholic nephritis
Bright's disease
catarrhal nephritis
diffuse nephritis
epithelial nephritis
exudative nephritis
glomerulonephritis
haemorrhagic nephritis
inflammation of kidney
interstitial nephritis
nephritis
parenchymatous nephritis
tubal nephritis
tubular nephritis
Cirrhosis of kidney
Cirrhotic Bright's disease
Contracted kidney
Contracting granular kidney

Croupous nephritis
Degeneration of kidney
Diffuse nephritis
Interstitial nephritis
Epithelial nephritis
Exudative nephritis
Fatty degeneration of kidney
Fibrosis of kidney
Gouty kidney
Granular kidney
Haemorrhagic nephritis
Hypertrophic interstitial nephritis
Inflammation of kidney
Interstitial nephritis
Lardaceous degeneration of kidney
kidney
Large white kidney
of nephritis
Nephritis
Parenchymatous nephritis
Postoperative nephritis
uremia
Posturæmic abscess
Purulent nephritis
Renal albuminuria
asthma
cirrhosis
dropsy
retinitis
sclerosis
Rheumatic inflammation of kidney

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

120. Bright's disease—Continued.

This title includes:

Sclerosis of kidney	Uræmic dropsy
Septic nephritis	dyspncea
uræmia	eclampsia
Steatosis of kidney	fever
Tubal nephritis	intoxication
Tubular nephritis	mania
Uræmia	paralysis
Uræmic aphasia	poisoning
apoplexy	toxæmia
coma	vomiting
convulsions	
delirium	Waxy degeneration of kidney
dementia	kidney

This title does not include: Organic lesion of the kidneys (122).—Puerperal uræmia (138).—Cardiac albuminuria (79).

Frequent complications: Anasarca.—Dropsy.—Convulsions.—Hæmorrhages.—Cerebral apoplexy.—Pneumonia.

121. Chyluria.

This title includes:

Chyluria	Milky urine
Galacturia	Nonfilarial chyluria
Hæmatochyluria	Piæphæmia
Lipæmia	Tropical hæmaturia
Lipuria	

This title does not include: Hæmaturia (unqualified) (122).

122. Other diseases of the kidneys and annexa.

This title includes:

Abscess of kidney	Hæmoglobinuria
Albumosuria	Hæmorrhage of kidney
Alkaptonuria	Hydatid cyst of kidney
Anuria	Hydronephrosis
Ascending nephritis	Hyperæmia of kidney
Catarrh of kidney	Hypertrophy of kidney
Congestion of kidney	Inaction of kidney
Consecutive nephritis	Infarct of kidney
Cyst of kidney	Intermittent hæmaturia
Cystic degeneration of kidney	Ieichuria
disease of kidney	Lithuria
Cystinuria	Melanuria
Cystopyelitis	Movable kidney
Decapsulation of kidney	Necrosis of kidney
Disease of kidney	Nephralgia
ureter	Nephrectomy
Displaced kidney	Nephritic abscess
Disseminated suppurative nephritis	paralysis
Double pyonephrosis	Nephroplegia
Ectopic kidney	Nephroptosis
Fistula of kidney	Nephropyosis
Floating kidney	Nephorrhagia
Hæmatinuria	Nephorrhaphy
Hæmatonephrosis	Nephrotomy
Hæmatoporphyrinuria	New growth of kidney (non-malignant)
Hæmaturia	Obstruction of kidney

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

122. Other diseases of the kidneys and annexa—Continued.

This title includes:

Organic disease of kidney	Pyonephrosis
lesion of kidney	Renal abscess
Oxaluria	cachexia
Paralysis of kidney	catarrh
Paranephric tumor	congestion
Parasitic disease of kidney	cyst
Paroxysmal haematuria	disease
haematuria	ectopia
haemoglobinuria	haematuria
Perinephric abscess	hyperæmia
phlegmon	insufficiency
tumor	Septic kidney
Perinephritic abscess	Stoppage of urine
Perinephritis	Suppression of urine
Perirenal abscess	Suppurative nephritis
Phosphaturia	pyelitis
Polycystic kidney	Surgical kidney
Puncture of kidney (nontraumatic)	Suture of kidney
Purulent perinephritis	Tumor of kidney
Pyelitic uremia	Ulceration of kidney
Pyelitis	Uric acid infarction (ly+)
Pyelonephritis	Urinary suppression
Pyonephritis	Urodialysis

This title does not include: Diseases of the suprarenal glands (52).

123. Calculi of the urinary passages.

This title includes:

Calculus	Lithiasis
of bladder	Lithoclasty
kidney	Lithotomy
pelvis of kidney	Lithotripsy
ureter	Nephritic calculus
urethra	colic
urinary duct	Nephrolithiasis
passage	Nephrolithotomy
tract	Fyonephrosis from calculus
Cystic calculus	Renal calculus
Gravel (urinary)	colic
Impacted calculus of kidney	Stone
ureter	in bladder
urethra	kidney
renal calculus	Ureteral colic
	Ureterolithotomy
	Urinary calculus
	lithiasis
	Vesical calculus

This title does not include: Prostatic calculi (126).

124. Diseases of the bladder.

This title includes:

Abscess of bladder	Cystoplegia
Acquired deformity of bladder	Cystoptosis
Atony of bladder	Cystorrhagia
Bacteriuria	Cystoscopy
Catarrh of bladder	Cystotomy
Catarrhal cystitis	Disease of bladder
Cyst of ureter	urinary bladder
Cystic uremia	Distention of bladder
Cystitis	Dysuria
Cystocele	Epicystotomy

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

124. Diseases of the bladder—Continued.

This title includes:

Fibroma of bladder	Retention of urine
Foreign body in bladder	Rupture of bladder
Gangrene of bladder	Section of bladder
Gangrenous cystitis	Septic cystitis
Hæmorrhage of bladder	Sloughing of bladder
Hernia of bladder	Spasm of bladder
Hypertrophy of bladder	Specific cystitis
Incontinence of urine	Suppuration of bladder
Inertia of bladder	Suppurative cystitis
Inflammation of bladder	Suprapubic cystotomy
Inversion of bladder	Suture of bladder
Malignant cystitis	Tapping of bladder
Neuralgia of bladder	Tumor of bladder
Neurosis of bladder	Ulceration of bladder
New growth of bladder (nonmalignant)	Urethral catarrh
Papilloma of bladder	Urinary fever
Paralysis of bladder	obstruction
Parasitic disease of bladder	sepsis
Paresis of bladder	Vesical abscess
Periureteritis	catarrh
Perivesical inflammation	haemorrhage
Prolapse of bladder	inertia
Puncture of bladder	infection
Purulent cystitis	paralysis
Pyocystitis	paresis
Pyuria	Villous tumor of bladder (nonmalignant)
Rectovesical abscess	

This title does not include: Haematuria (unqualified) (122).—Urinary fistulas even when they involve the bladder (125).—Cystosarcoma (45).

125. Diseases of the urethra, urinary abscess, etc.

This title includes:

Abscess of urethra	Rectovesical fistula
Ankylurethria	Rupture of urethra
Caruncle of urethra	Stricture (unqualified)
Dilatation of stricture of urethra	of urethra
Disease of urethra (unqualified)	Traumatic stricture of urethra
urinary organ	urethral fever
tract	Tumor of urethra
External urethrotomy	Ulcer of urethra
Extravasation of urine	Urethral fever
Fistula of bladder	Urethralgia
perineum	Urethritis (not gonorrhœal)
urethra	Urethroplasty
vagina	Urethrorectal fistula
Foreign body in urethra	Urethrorrhagia
Haemorrhage of urethra	Urethrorrhaphy
Ileovesical fistula	Urethrotomy
Infiltration of urine	Urethrovaginal fistula
Internal urethrotomy	Urethrovesical fistula
Intestinovesical fistula	Urinæmia
Laceration of urethra (not external violence)	Urinary abscess
New growth of urethra (nonmalignant)	fistula
Obstruction of urinary organs	infection
Organic stricture of urethra	infiltration
Perineal section	intoxication
Perirethral abscess	toxæmia
phlegmon	Uterovesical fistula
Prolapse of urethra	Vesicometrorectal fistula
Rectourethral fistula	Vesicoperineal fistula
	Vesicovaginal fistula

This title does not include: Urethral catarrh (124).—Retention of urine (124).—Uremia (120).

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

126. Diseases of the prostate.

This title includes:

Abscess of prostate	Hypertrophy of prostate
Adenoma of prostate	Inflammation of prostate
Calculus of prostate	New growth of prostate (nonmalignant)
Cyst of prostate	Prostatectomy
Disease of prostate	Prostatectis
Enlargement of prostate	Prostatotomy
Fibroma of prostate	Prostatocystitis
Haemorrhage of prostate	Tumor of prostate

This title does not include: Cancer of the prostate (45).—Tuberculosis of the prostate (34).

127. Nonvenereal diseases of the male genital organs.

This title includes:

Abscess of Cowper's gland	Hæmatoma of spermatic cord (nontraumatic)
epididymis	Hernia of testicle
genital organ (male)	Hydrocele
penis	of spermatic cord tunica vaginalis
scrotum	Infantile hydrocele
seminal vesicle	Inflammation of penis
spermatic cord	scrotum
testicle	spermatic cord
Acquired deformity of penis	testicle
Amputation of penis	tunica vaginalis
Castration (male)	Malassez's disease
Cellulitis of scrotum	New growth of penis (nonmalignant)
Chylous hydrocele	scrotum (nonmalignant)
Circumcision	spermatic cord (nonmalignant)
Cyst of epididymis	testicle (nonmalignant)
testicle	Nonfilarial elephantiasis of scrotum
Dermoid cyst of testicle	Orchiectomy
Diffuse hæmatocoele of spermatic cord	Orchitis
Disease of genital organ (male) (non-	Paraphimosis
venereal)	Pelvic hæmatocoele (male)
scrotum	Periorchitis
testicle	Phimosis (not congenital)
Encysted hydrocele	Septic orchitis
Epididymitis	Sloughing of scrotum
Fistula of scrotum	Spermatocoele
Fungus of testicle	Traumatic orchitis
Funiculitis	Tumor of penis
Granuloma pudendorum (male)	scrotum
Hæmatocoele (male)	testicle
of cord	Ulcer of penis
scrotum	Vaginalitis
spermatic cord	
testicle	
tunica vaginalis	

This title does not include: Cancer of the testicle (45).—Tuberculosis of the testicle (34).—Sarcohydrocele (45).—Syphilitic sacrocele (37).—Varicocele (83).

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

128. Uterine haemorrhage (nonpuerperal).

This title includes:

Excessive menstruation	Menorrhagia
Flooding (nonpuerperal)	Metrorrhagia
Hæmorrhage of uterus (nonpuerperal)	Tamponing of uterus
womb (nonpuerperal)	vagina
Hæmorrhagic metritis	Uterine haemorrhage (nonpuerperal)
Intrauterine haemorrhage	

129. Uterine tumor (noncancerous).

This title includes:

Bleeding fibroid (female)	Fungous growth of uterus
Cystic degeneration of uterus	Huguier's disease
Deciduoma	Hysteromyoma
Fibrocyst of uterus	Hysteromyectomy
Fibroid body of uterus	Multiple fibroid
of cervix of uterus	Myoma of uterus
uterus	New growth of uterus (nonmalignant)
tumor of female genital organ	Polypus of uterus
uterus	Recurrent cyst of uterus
Fibroma (female)	Submucous fibroid (female)
of uterus	Tumor of uterus
Fibromyoma	
of uterus	

130. Other diseases of the uterus.

This title includes:

Abdominal hysterectomy	Displacement of uterus
Ablation of uterus	Distension of uterus
Abscess of neck of uterus	Division of cervix uteri
uterine ligament	Dysmenorrhœa
uterus	Eccrisis (nonpuerperal)
Absent menstruation	Endometritis
Anæsthesia	Endotrachelitis
Amputation of cervix	Erosion of cervix uteri
Anteflexion of uterus	uterus
Anteversion of uterus	Exfoliative dysmenorrhœa
Atresia of uterus	Falling of womb
Atrophy of uterus	Fistula of uterus
Catarrh of cervical canal	Gangrene of uterus
cervix uteri	Hæmatometra
uterus	Hernia of uterus
vagina	Hydrometra
Catarrhal inflammation of uterus	Hyperplasia of uterus
vagina	Hypertrophy of neck of uterus
metritis	uterus
Cervical catarrh	Hysterectomy
metritis	Hysterotomy
Change of life	Imperforate cervix uteri
Climacteric disease	Inflammation of cervix uteri
Curetting of uterus	uterus
Diffuse pelvic cellulitis (female)	Inversion of uterus (nonpuerperal)
Dilatation of cervix uteri	Laceration of cervix uteri (nonpuerperal)
Disease of cervix	uterus (nonpuerperal)
pelvic organs (female)	Latent menstruation
uterus	Laterocession of uterus

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

130. Other diseases of the uterus—Continued.

This title includes:

Lateroversion of uterus	Precocious menstruation
Leucorrhœa	Precoicity
Malposition of uterus	Procidentia of uterus
Membranous dysmenorrhœa	uteri
menstruation	
Menopause	Prolapse of uterus
Metritis	vagina
Metrotomy	Prolapsus (female)
Obstruction of uterus	Purulent endometritis
Occlusion of cervical canal	Pyometra
uterus	Repair of lacerated cervix uteri
Old laceration of cervix uteri	Retained menses
Organic disease of uterus	Retrocession of uterus
lesion of uterus	Retroflexion of uterus
Painful menstruation	Retrouterine abscess
Paramenia	phlegmon
Parametritis	Retroversion of uterus
Parasitic disease of uterus	Rupture of uterus (nonpuerperal)
Parauterine abscess (nonpuerperal)	Scanty menstruation
Pelvic abscess (female)	Septic endometritis
cellulitis (female)	metritis
inflammation (female)	phlebitis of uterus
phlegmon (female)	Stricture of cervical canal
Perforation of uterus	uterus
Perimetric abscess	Suppression of menstruation
Perimetritic abscess	Suppurative metritis
phlegmon	Suprapelvic abscess
Perimetritis	Supravaginal amputation of cervix
Periuterine abscess	hysterectomy
cellulitis	Traumatic metritis
inflammation	Ulcer of cervix uteri
phlegmon	neck of uterus
Phlebitis of uterus	uterus
Plugging of cervix uteri	Uterovaginal fistula
uterus	Vaginal hysterectomy
	Whites

This title does not include: Puerperal diseases (134 to 141).—Pelvic peritonitis (117).—Abscess of the iliac fossa (108).—Uterovesical fistula (125).—Uterofecal fistula (110).

131. Cysts and other tumors of the ovary.

This title includes:

Castration (female)	Oophorectomy
Cyst of ovary	Ovarian cyst
Cystic ovary	dropsey
Cystoma of ovary	tumor
Dermoid cyst of ovary	
Dropsy of ovary	Ovariotomy
Encysted dropsy	Papilloma of ovary
Fibroid of ovary	Paracentesis of cyst of ovary
Hæmatoma of ovary	parovarian cyst
Multilocularcyst	Parasitic disease of ovary
New growth of ovary (nonmalignant)	Parovarian cyst
	Tumor of ovary

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

132. Salpingitis and other diseases of the female genital organs.

This title includes:

Abscess of Bartholin's gland	Inflammation of Fallopian tube
broad ligament	ovary
Fallopian tube	uterine ligament
genital organs (female)	vagina
labium majus	vulva
minus	
ovary	
vagina	
vulva	
vulvovaginal gland	
Amputation of clitoris	Intraligamentous cyst
Annexitis	Intrapelvic haemorrhage (female)
Atresia of vagina	Lymphangitis of uterine ligament
Bartholinitis	Metrosalpingitis
Catarrhal salpingitis	Metrovaginitis
Cellulitis of vulva	New growth of Fallopian tube (nonmalignant)
Chronic vaginitis (not gonorrhœal)	uterine ligament (nonmalignant)
vulvitis	vagina (nonmalignant)
Colpocele	vulva (nonmalignant)
Colporrhaphy	Nonfilarial elephantiasis of vulva
Cyst of accessory Fallopian tube	Occlusion of Fallopian tube
Bartholin's gland	vagina
broad ligament	vulva
Fallopian tube	Old laceration of pelvic floor
uterine ligament	
vagina	Oophoritis
vulva	Ovarian cirrhosis
vulvovaginal gland	Ovaritis
Cystic oophoritis	Parametric abscess
ovaritis	Parasitic disease of vulva
Disease of Fallopian tube	Pelvic haematocele (female)
genital organs (female) (unqualified)	Perimetrosalpingitis
ovary	Periuterine haematocele
tube	Phlegmon of broad ligament (nonpuerperal or unqualified)
Displacement of ovary	Prolapse of anterior vaginal wall
Dropsy of broad ligament	ovary
Fallopian tube	posterior vaginal wall
tube	Purulent salpingitis
Evacuation of retained menstrual fluid	Pus tube
Granuloma pudendorum (female)	Pyo-oophoritis
Hæmatocoele (female)	Pyosalpingitis
of ovary	Pyocalpinx
uterine ligament	Retrouterine haematocele
Hæmatoma of broad ligament	Rupture of Fallopian tube
uterine ligament	pus tube
vulva	tubal abscess
Hæmatocalpinx	tube
Hæmorrhage of ovary	Ruptured pyosalpinx
Hernia of Fallopian tube	Salpingectomy
ovary	Salpingitis
Hydrocele of round ligament	Salpingo-oophorectomy
vulva	Salpingo-oophoritis
Hydrosalpinx	Salpingo-ovariitis

VI.—NONVENEREAL DISEASES OF THE GENITOURINARY SYSTEM AND ANNEXA—Continued.

133. Salpingitis and other diseases of the female genital organs—Continued.

This title includes:

Shortening of round ligament	Tuboovarian cyst
Stricture of Fallopian tube	infection
vagina	
Suppurating annexitis	Tumor of broad ligament
bartholinitis	vagina
hæmatoma of broad ligament	vulva
Suppuration of Fallopian tube	Ulceration of labium majus
Thrombus of vulva	minus
Tubal abscess	ovary
disease	vulva
inflammation	Vaginismus
Tuboovarian abscess	Vaginitis (not gonorrhœal)
	Vulvitis

This title does not include: Urinary fistulae (125) and stercoral fistulae (110) even when they involve the genital organs.—Gangrene of the vulva (142).

133. Nonpuerperal diseases of the breast (cancer excepted).

This title includes:

Abcess of breast	Mammary abcess
mammary gland	Mammitis
nipple	Mastitis
Amputation of breast	Neurosis of mammary gland
Cyst of breast	New growth of breast (nonmalignant)
mammary gland	mammary gland (nonma-
Diffuse mastitis	lignant)
Disease of breast	nipple (nonmalignant)
nipple	Paget's disease of nipple
Fibrous induration of breast	Parasitic disease of breast
Fistula of breast (nonpuerperal)	mammary gland
mammary gland	nipple
Galactophoritis	Reclus's cystic disease
Hydatid cyst of breast	disease
Hypertrophy of breast	Submammary abcess
mammary gland	Suppuration of breast
Inflammation of breast	mammary gland
mammary gland	Tumor of breast (nonmalignant or unquali-
nipple	fied)
Lobular mastitis	mammary gland
Mamillary abcess	Ulcer of breast
Mamillitis	

This title does not include: Fistula of the breast: puerperal, or unqualified (141).—Cancerous tumor of the breast (43).

VII.—THE PUEPERAL STATE.

NOTE.—The purpose of this group of titles (134 to 141) is to include all deaths of women due more or less directly to childbearing. The word "puerperal" is used in the broadest sense to include all affections dependent upon pregnancy, parturition, and also diseases of the breast during lactation. It is to be understood as a qualification of every term included in this group, and is so expressed in the Index for many terms that might or might not be puerperal. The fact that childbirth occurred within a month of death should always be stated even though it may not have been a cause of death. It is preferable to show the direct connection, when it exists, as by writing "Puerperal septicæmia," "Peritonitis following labor," etc., but the separately stated joint causes "Childbirth" and "Septicæmia" or "Parturition" and "Peritonitis" would lead, by interpretation, to the same statistical assignment. Whenever a woman of childbearing age (approximately 15 to 44 years), especially if married, is reported to have died from any of the following causes which might have been puerperal, the local registrar should endeavor to secure a definite statement from the reporting physician:

<i>Abscess of the breast</i>	<i>Metroperitonitis</i>
<i>Albuminuria</i>	<i>Metrorrhagia</i>
<i>Cellulitis</i>	<i>Pelviperitonitis</i>
<i>Coma</i>	<i>Phlegmasia alba dolens</i>
<i>Convulsions</i>	<i>Phlebitis</i>
<i>Eclampsia</i>	<i>Pyæmia</i>
<i>Embolism</i>	<i>Sepcticæmia</i>
<i>Gastritis</i>	<i>Sudden death</i>
<i>Hæmorrhage (uterine or unqualified)</i>	<i>Tetanus</i>
<i>Lymphangitis</i>	<i>Thrombosis</i>
<i>Metritis</i>	

The diseases included under titles 119, 124, 128, 130, 132, and 133 are understood to be nonpuerperal (or unqualified). Many deaths so compiled are, in fact, due to puerperal conditions, hence the importance of a definite statement in all cases concerning which there can be a reasonable doubt. The proportion of the "unqualified" should diminish with fuller cooperation of physicians and more effective administration of registration offices.

The terms under the following titles are to be understood in all cases as applying to the death of the mother. Certain terms may also designate the causes of death of the child, which are, of course, elsewhere compiled (see Index).

134. Accidents of pregnancy.

This title includes:

<i>Abdominal pregnancy</i>	<i>Hydramnios</i>
<i>Ablation of pregnant tube</i>	<i>Hydrops amnii</i>
<i>Abortion</i>	<i>Hydrorrhœa gravidarem</i>
<i>Accident of pregnancy</i>	<i>in pregnancy</i>
<i>Accidental abortion</i>	<i>Hyperemesis gravidarum</i>
<i>haemorrhage of pregnancy</i>	<i>of pregnancy</i>
<i>Ante partum hæmorrhage</i>	<i>Hysteralgia of pregnant uterus</i>
<i>Autointoxication of pregnancy</i>	<i>Immature birth</i>
<i>Carneous mole connected with pregnancy</i>	<i>Immaturity</i>
<i>Cornual pregnancy</i>	<i>Induction of abortion</i>
<i>Cyesis</i>	<i>premature labor</i>
<i>Displacement of pregnant uterus</i>	<i>Interstitial pregnancy</i>
<i>Dropsy of amnion</i>	<i>Menstruation during pregnancy</i>
<i>Ectopic gestation</i>	<i>Miscarriage</i>
<i>pregnancy</i>	<i>Missed abortion</i>
<i>Emesis gravidarum</i>	<i>labor</i>
<i>Evacuation of uterus</i>	<i>Molar pregnancy</i>
<i>Extrauterine gestation</i>	<i>Mole (pregnancy, not hydatidiform)</i>
<i>pregnancy</i>	<i>Multiple pregnancy</i>
<i>Gestation</i>	<i>Neuralgia of pregnant uterus</i>
<i>Hæmorrhage of pregnancy</i>	<i>Pernicious vomiting (female, 15y-44y)</i>
<i>Hæmorrhagic mole</i>	<i>Persistent vomiting (pregnancy)</i>

VII.—THE PUERPERAL STATE—Continued.

134. Accidents of pregnancy—Continued.

This title includes:

Pregnancy	Spurious labor pains
in abnormally formed uterus	Tubal abortion
Premature birth	gestation
delivery	pregnancy
Prolapse of pregnant uterus	Uncontrollable vomiting (female, 15y—44y)
Puerperal vomiting	of pregnancy
Retention of dead ovum	
Retroversion of pregnant uterus	
Rupture of sac (tubal pregnancy)	Vesicular mole
(ectopic gestation)	Vomiting of pregnancy

This title does not include: Puerperal septichæmia during the course of pregnancy (137).—Nephritis of pregnancy (138).

135. Puerperal haemorrhage.

This title includes:

Accidental haemorrhage of parturition	Haemorrhage (puerperium)
puerperium	
Adherent placenta	Malposition of placenta
Apoplexy of placenta	Placenta praevia
Detachment of placenta	Postpartum haemorrhage
Hæmorrhage after labor	Puerperal haemorrhage
during parturition	metrorrhagia
from detachment of pla-	uterine haemorrhage
centa	
uterus after parturi-	Retained membranes
tion	placenta
uterus during parturi-	secundines
tion	Retention of placenta
	Separation of placenta
	Vicious insertion of placenta

136. Other accidents of labor.

This title includes:

Abnormal labor	Forceps operation
parturition	
Accident of labor	Haematoma of vulva, puerperium
Accouchement	Hebeotomy
Application of forceps	Inertia of uterus
Atony of uterus during parturition	Injury in delivery
Breech presentation (mother)	Instrumental delivery
Cæsarean section	Inversion of uterus during parturition
Cephalotomy	Labor (unqualified)
Cephalotripsy	Laceration of cervix
Childbed	perineum
Childbirth	(parturition)
Confinement	peritoneum
Consequence of labor	(parturition)
Craniotomy	urinary bladder (parturi-
Deformed pelvis (female, 15y—44y)	tion)
Delayed delivery	uterus (parturition)
Difficult labor	vagina (parturition)
Diruptio uteri	vulva (parturition)
Disease of placenta	Laparoelytomy
Dystocia	Malpresentation
Embryotomy	Metrorrhexia
Faulty presentation	Multiple birth
Fistula from parturition	parturition
Foot presentation	Parturition
Forced delivery	Perinæorrhaphy
	Porro's operation

VII.—THE PUPERAL STATE—Continued.

136. Other accidents of labor—Continued.

This title includes:

Postpartum curettement	Rupture of perineum (parturition)
Prolonged labor	uterus (parturition)
Protracted labor (mother)	vagina (parturition)
Puerperal apoplexy	vulva (parturition)
haematoma of vulva	
metorrhesis	
perforation of uterus	
Retarded labor	Shock of birth
Rupture of bladder (parturition)	Subinvolution of uterus
	Symphyaiotomy
	Transverse presentation
	Version (during labor)

137. Puerperal septichæmia.

This title includes:

Childbed fever	Puerperal ¹ pelviperitonitis
Decidual endométritis	perimetritis
Infected tubal pregnancy	perimetrossalpingitis
Milk fever (female)	peritoneal infection
Postabortion sepsis	peritonitis
Postpartum pyæmia	periuterine cellulitis
sepsis	phlegmon of broad ligament
septichæmia	purulent endometritis
Puerperal ¹ abscess	pyæmia
of broad ligament	pyohæmia
cellulitis	pyrexia
endometritis	salpingitis
erysipelas	sapremia
fever	sepsis
infection	septic endometritis
inflammation of uterus	fever
lymphangitis	infection
metritis	intoxication
metoperitonitis	metritis
metrosalpingitis	peritonitis
parauterine abscess	septichæmia
pelvic cellulitis	suppurative metritis
peritonitis	

This title does not include: Septichæmia (unqualified) [except in connection with childbirth] (20)—Puerperal scarlatina (7).

138. Puerperal albuminuria and convulsions.

This title includes:

Albuminuria of pregnancy	Puerperal eclampsia
Chorea of pregnancy	nephritis
Eclampsia gravidarum	spasms
of labor	tetanus
pregnancy	toxæmia
Nephritis of pregnancy	uræmia
Postpartum eclampsia	uræmic convulsions
Postpuerperal nephritis	coma
Puerperal albuminuria	delirium
anuria	dementia
Bright's disease	eclampsia
coma	intoxication
convulsions	poisoning
cramps	Toxæmia of pregnancy
dropsey	Uræmia of pregnancy

This title does not include: Puerperal scarlatina (7).¹ Any of the conditions following are compiled as puerperal when returned in connection with abortion, miscarriage, childbirth, labor, etc., even if not definitely so stated.

VII.—THE PUERPERAL STATE—Continued.

139. Puerperal phlegmasia alba dolens, embolus, sudden death.*This title includes:*

Milk leg (female)	Sudden death from embolism after delivery
Puerperal embolism	entrance of air into vein after delivery
of lung	nervous exhaustion after delivery
phlebitis	pulmonary embolism after delivery
phlegmasia alba dolens	pulmonary thrombosis after delivery
pulmonary embolism	shock after delivery
sudden death	thrombosis after delivery
syncope	in puerperium
thrombosis	Venous thrombosis consequent on parturition
Sudden death after delivery	White leg (female, 15y-44y)
from cardiac embolism	
after delivery	
cardiac thrombosis	
after delivery	
cerebral haemorrhage	
after delivery	

This title does not include: Phlegmasia alba dolens (nonpuerperal) (82).*Frequent complications:* Gangrene.—Embolism.**140. Following childbirth (not otherwise defined).***This title includes:*

Following childbirth	Puerperal displacement of uterus
Puerperal accident	state
insanity	Puerperium
mania	Result of labor (without further explanation)
melancholia	

This title does not include: Nonpuerperal sudden death (188).—Puerperal scirrhitis (7).**141. Puerperal diseases of the breast.***This title includes:*

Abscess of breast following parturition	Puerperal diffuse mastitis
Fissure of nipple, puerperium	fissure of nipple
Fistula of breast (puerperal or unqualified)	fistula of breast
Galactocele	mammary gland
Galactorrhoea	galactophoritis
Mammary fistula	inflammation of breast
Puerperal abscess of breast	mammary abscess
mammary gland	mammitis
disease of breast	mastitis

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

142. Gangrene.

This title includes:

Acute infective gangrene

Cancrum oris

Canker

Dermatitis gangrenosa

Dropical gangrene

Dry gangrene

Erythromelalgia

Eschar

Gangrene

of abdomen

alveoli

connective tissue

extremity

face

foot

gum

leg

mouth

old age

penis

scrotum

skin

spine

tendon

testicle

vulva

Gangrenous anaemia

cellulitis

dermatitis

glossitis

pemphigus

septichæmia

stomatitis

ulcer

Infective gangrene

Malignant edema

Moist gangrene

Mortification (see Gangrene)

Noma

of mouth

vulva

pudendi

Phagedæna

of penis

vulva

Raynaud's disease

Senile gangrene

Septic gangrene

Sloughing phagedæna

Sphacelus

Symmetrical gangrene

Tropical phagedæna

This title does not include: Gangrene of the throat (100).—Gangrene of the lung (95).—Hernial gangrene (100).—Gangrenous erysipelas (18).—Diabetic gangrene (50).

143. Furuncle.

This title includes:

Boil

Carbuncle

Furuncle

Furunculosis

Malignant carbuncle

Multiple carbuncle

144. Acute abscess.

This title includes:

Abscess (unqualified)

of abdominal wall

arm

buttock

cervical gland

connective tissue

gland

hand

head

leg

loin

mediastinum

mata

neck

perineum

scalp

side

thigh

umbilicus

Acute abscess (see Abscess)

Cellulitis (see Abscess)

Cervical abscess

cellulitis

Diffuse cellulitis

pelvic cellulitis (male)

phlegmon

suppuration

Femoral abscess

phlegmon

Fistulous abscess

Glandular abscess

Gluteal abscess

Inflammation of connective tissue

Inguinal abscess

Internal abscess

Malignant abscesses

cellulitis

Metastatic abscess

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE—Contd.

144. Acute abscess—Continued.

This title includes:

Multiple abscess	Phlegmonous abscess
Panaris	cellulitis
Paronychia	tumor
Pectoral abscess	
Pelvic abscess (male)	Pus cavity
cellulitis (male)	Retroperitoneal abscess
phlegmon (male)	Ruptured abscess
suppuration (male)	Scapular abscess
Pericellulitis	Sloughing abscess
Pericranial suppuration	Suppuration of muscle
Pernicious abscess	Suppurative cellulitis
Phlegmon (see Abscess)	Ulcer of groin
	Whitlow

This title does not include: Abscess: cold, or bacillary, or ostitifent, or by congestion (24).—Adenophlegmon (84).—Suppurating adenitis (84).—Bubo: suppurating, or unqualified (84).—Abscess: lymphangitic, or of the groin, or of the axilla (84).—Abscess: of the pharynx, or of the throat, or retropharyngeal (100).—Abscess of the liver (115).—Abscess of the iliac fossa (108).—Abscess of the pelvis in females (130).—Peruterine abscess (130).—Abscess of the prostate (126).—Perinephric abscess (122).—Abscess: urinary, or periurethral or perineal (125).—Abscess of the breast (nonpuerperal) (133).—Abscess of the breast (puerperal) (141).—Angoleuctis (84).—Phlegmonous erysipelas (18).—Erysipelatous phlegmon (18).—Abscess: of the frontal sinus, or of the maxillary sinus, etc. (146).

145. Other diseases of the skin and annexa.

This title includes:

Acne	General dermatitis
Angiokeratoma	Grafting skin
Atrophic ulcer	Hebra's prurigo
Autoplasty	Herpes
Bedsore	zoster
Cheloid	Ichthyosis
Chilblain	Impetigo
Chloasma	Infantile eczema
Chronic ulcer	Ingrown nail
Clavus	Intertrigo
Congenital ichthyosis	Itch
sclerema (1y+)	Keloid
Corn	Keratosis
Crural ulcer	Lichen
Crusta lactea	Lupus erythematosus
Dermatitis	Malignant pemphigus
venenata	Melanoderma
Dermatosis	Melasma
Diffuse sclerodermia	Miliaria
of cellular tissue	Milk crust
skin	Molluscum contagiosum
Division of cicatricial adhesions	fibrosum
Ecthyma	Morphea
Eczema	Myiasis
Elephantiasis (nonfilarial)	Nonfilarial elephantiasis
Arabum	Onychia
of connective tissue	Onychoma
leg	Onyxis
lymphatic vessel	Pachydermatitis
penis	Pachydermia
scrotum	Parasitic disease of connective tissue
vulva	skin
Emphysema of cellular tissue	Pemphigus
connective tissue	neonatorum
Erythema	of infants
Exfoliative dermatitis	Pernio
Fistulous ulcer	

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE—Contd.

145. Other diseases of the skin and annexa—Continued.

This title includes:

Pityriasis	Surgical emphysema
Polysarcia	Sycosis
Prurigo	Trophoneurosis
Pruritus	Tumor of nail
Psoriasis	skin
Ringworm	Ulcer (unqualified)
Rosacea	of leg
Salt rheum	neck
Scabies	perineum
Scalled head	Ulceration
Sclerema (ly.)	Urticaria
Sclerodermia	Verruca
Serpiginous ulcer	Vicious cicatrix
Shingles	Wardrop's disease
Skin parasites	Wart
Sloughing ulcer	Zona
Subcutaneous emphysema	Zoster

This title does not include: Pachydermic cachexia (88).—Elephantiasis Gracorum (17).

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

146. Diseases of the bones (tuberculosis excepted).

This title includes:

Abscess of antrum of Highmore	Foreign body in frontal sinus (and other sinuses)
bone	maxillary sinus
ethmoidal sinus	
frontal sinus	
jaw	
mastoid process	Fragilitas ossium
maxillary sinus	Frontal sinusitis
periosteum	Gangrene of bone
sphenoidal sinus	General necrosis
Caries	Grafting bone
of bone	Hypertrophy of bone
orbit	Infective necrosis
Circumscribed periostitis	osteomyelitis
Correction of deformity of bone by fracture	periostitis
Craniotabes	Inflammation of accessory sinus
Cyst of bone	bone
jaw	jaw
Depressed bone of skull	Leontiasis ossea
Diffuse periostitis	Mastoid abscess
Disease of accessory sinus	disease
bone	fistula
frontal sinus	Mastoiditis
mastoid cell	Maxillary sinusitis
periosteum	Myelomatosis
Empyema of accessory sinus	Necrosis
frontal sinus	of antrum
mastoid process	bone
Epiphysitis of bone	femur
Ethmoidal sinusitis	jaw
Ethmoiditis	mastoid
Exostosis	maxilla
Faulty union of bone	orbit
Fever sore	pelvis
Foreign body in accessory sinus	New growth of accessory sinus (nonmalignant)
antrum	bone (nonmalignant)
of Highmore	jaw (nonmalignant)
	spine (nonmalignant)

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF
LOCOMOTION—Continued.

146. Diseases of the bones—Continued.

This title includes:

Node	Perforation of palatine vault
Nonunion of fractured bone	Periosteal abscess
Osseous tumor	Periostitis
Osteitis	Periostosis
deformans	Purulent osteitis
Osteochondroma	Sacrococcygeal tumor
Osteoclasis	Sequestrum
Osteodynia	Sinusitis
Osteoma	Sphenoidal sinusitis
Osteomyelitis	Sphenoiditis
Osteoperiostitis	Spinal osteoarthritis
of palate	Spontaneous fracture of bone
Osteoplastic resection (of skull)	spine
Osteotomy	Suppuration of frontal sinus
Pansinusitis	Suppurative osteomyelitis
Parasitic disease of accessory sinus	periostitis
bone	Symmetrical exostosis
frontal sinus	osteoma
jaw	Tumor of bone
maxillary sinus	cranium
spine	skull
Perforation of mastoid antrum	Ununited fracture
cell	

This title does not include: Abscess: ossifiant, or by congestion (34).—Osteoscopic pains (37).—Osteosarcoma (45).—Phosphoric necrosis (58).—Caries of the petrous bone (76).—Dental caries (99).—Fractures (185).

147. Diseases of the joints (tuberculosis and rheumatism excepted).

This title includes:

Abscess of joint	General ankylosis
Ankylosis	Genu extorsum
of joint	recurvatum
spine	valgum
varum	
Arthralgia	Hæmorrhage of joint (nontraumatic)
Arthroectomy	Hydrarthrosis
Arthritis	Infective synovitis
Arthrocele	Inflammation of joint
Arthrodesis	Loose body in joint
Arthrodynia	cartilage
Arthropathy	Necrosis of hip
Arthrophyte	Neuropathic joint disease
Arthropyosis	New growth of joint (nonmalignant)
Bow-leg (nonrachitic)	Osseous ankylosis of joint
Chondromalacia	Polyarthritis (nonvertebral)
Contracture of joint	Purulent arthritis
Coxa valga	synovitis
vara	Septic arthritis
Cyst of joint	Spondylolisthesis
Disease of joint	Suppuration of joint
Dislocation of bone (nontraumatic)	Suppurative synovitis
intraarticular cartilage (dis-ease)	Synostosis of joint
joint (nontraumatic)	spine
Epiphysitis of hip	Synovitis
Fibrous ankylosis of joint	Tapping joint
Foreign body in joint	Villous synovitis

This title does not include: Rheumatic arthritis (47).

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION—Continued.

148. Amputations.

NOTE.—The cause for which the amputation was made should always be stated. This will enable the death to be classified elsewhere, as a rule.

This title includes:

Amputation
Disarticulation

This title does not include: Amputation of the breast (133).—Amputation of the penis (127).

Complications: Septicæmia.—Erysipelas.—Tetanus.—Hæmorrhage.

149. Other diseases of the organs of locomotion.

This title includes:

Abscess of bursa	Resection (unqualified)
muscle	
tendon	
Adhesion of tendon	
Ainhum	
Amyotonia congenita	
Atrophy of muscle	
Bunion	
Bursal cyst	
Bursitis	
Chondritis	
Club foot (not congenital)	
hand (not congenital)	
Contracted palmar fascia	
Contraction of fascia	
tendon	
Contracture of muscle	
Cramp of muscle	
Crepitating synovitis	
Deformity of foot (acquired)	
hand (acquired)	
limb (acquired)	
Degeneration of muscle	
Dermatomyositis	
Diastasis of muscle	
Diffused ganglion	
Disease of aponeuroses	
tendon	
Division of fascia	
Dupuytren's contraction	
disease	
Fatty infiltration of muscle	
Flat foot	
Ganglion	
Grafting tendon	
Hæmorrhagic polymyositis	
Hallux valgus	
varus	
Hammer toe	
Hernia of muscle	
Housemaids' knee	
Hygroma	
Hypertrophy of muscle	
Infective myositis	
Inflammation of bursa	
fascia	
muscle	
sheath of tendon	
tendon	
Intercostal myalgia	
Loose body in sheath of tendon	
Lumbago	
Mallet finger	
Metatarsalgia	
Muscular dystrophy	
rheumatism	
Myalgia	
of muscle	
Myodiastasis	
Myositis	
fibrosa	
ossificans	
Myotomy	
Myotonia congenita	
Neuromyositis	
New growth of bursa (nonmalignant)	
tendon (nonmalignant)	
Ossification of cartilage	
muscle	
Painful flat foot	
talipes valgus	
Parasitic disease of muscle	
Perichondritis	
Pes cavus	
planus	
valgus	
Polymyositis	
Progressive ossifying myositis	
Psoitis	
Retraction of finger	
palmar fascia	
Rheumatism of muscle	
Rupture of muscle	
tendon	
Shortening of tendon	
Spasmodic torticollis	
Talipes	
calcaneovalgus	
calcaneus	
cavus	
equinovalgus	
equinovarus	
valgus	
varus	
Tarsalgia	
Tenontosynovitis	
Tenophyte	
Tenorrhaphy	

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION—Continued.

149. Other diseases of the organs of locomotion—Contd.

This title includes:

Tenosynovitis	Tumor of bursa
Tenotomy	cartilage
Thecal abscess	fascia
Thomsen's disease	sheath of tendon
Torticollis	tendon
Traumatic ossifying myositis	Union of divided tendon

X.—MALFORMATIONS.

150. Congenital malformations (stillbirths not included).

NOTE.—All malformations or deformities acquired after birth are classified under the diseases of the organ or part involved. This title may be subdivided as follows, only those malformations of sufficient importance to be returned as causes of death being considered:

(1) Hydrocephalus.

This subtitle includes:

Chronic hydrocephalus	Hydrocephalus (unqualified)
Congenital cerebral tumor	of brain
hydrocephalus	
tumor of brain	
Dropsy of brain	Megalocerephalus
Ependymitis	Natal hydrocephalus
	Water on brain
	in head

This subtitle does not include: Acquired hydrocephalus (74).—Hydrocephalus from tuberculous meningitis (30).

(2) Congenital malformations of the heart.

This subtitle includes:

Aortic malformation	Imperfect closure of foramen ovale
Atelocardia	development of heart
Blue baby	heart
disease	
Cardiac deformity	Intrauterine malformation of heart
Congenital aortic stenosis	septum
disease of heart	
malformation of heart	
mitral stenosis	
pulmonary stenosis	
valvular heart disease	
vitium cordis	
Cyanosis (due to malformation of heart)	Malformation of heart
(persistence of foramen ovale)	
from nonclosure of foramen of	
Botalli	
Deformity of heart	Persistence of foramen of Botalli
	ovale
	Pervious ductus arteriosus
	Premature valvular disease of heart

X.—MALFORMATIONS—Continued.

159. Congenital malformations—Continued.

(3) Other congenital malformations.

This subtitle includes:

Abnormality	Imperforate anus
Abnormality	pharynx
Adenoids (congenital)	rectum
Anaspadias	
Arrest of development	Malformation
Branchial cyst	of abdominal wall
Cerebral hernia (congenital)	anus
meningocele.	artery
Cleft palate	bladder
Congenital abnormality	bone
abnormality	brain
amputation	digestive system
atresia (of any part of body)	intestine
club foot	jaw
cystic disease of kidney	larynx
deformity	lip
dislocation	lymphatic system
fracture	membrane of brain
imperforate urethra	spinal
intestinal obstruction	cord
laryngeal stenosis	(menin-
malformation (stillbirth not	gocele)
included, see also Malforma-	nervous system
tion)	cesophagus
obstruction	palate
of intestine	rectum
pyloric stenosis	skull
spina bifida	spinal column
stenosis	cord
of intestine	membrane
larynx	spine
talipes	
tumor	Meningocele
Deformity	Meningomyelocele
Ectopia	Microcephaly
of bladder	Monster
vesicae	Myelocele
Encephalocele	Nævus
Epispadias	of skin
Exomphalos	pigmentosus
Exstrophy of bladder	Nondevelopment of brain
Extroversion of bladder	Occlusion of anus (infant)
Fissure of lip (harelip)	Omphalocele
malformation	Phimosis
palate	Podencephalus
spinal column	Preternatural birth
Harelip	Spina bifida
Hemicephalus	Spinal hernia
Hydrencephalocele	meningocele
Hydromyelia	Syndactylism
Hydromyelocele	Syringomyelocele
Hydrorrhachis	Torsion of penis
Hypospadias	Ulcerating spina bifida
Imperfect development	Urachal cyst
intestinal canal	Vascular naevus
	of skin

This subtitle does not include: Coloboma (75).—Painful valgus flatfoot (149).—Acquired hydrocephalus (74).

XI.—EARLY INFANCY.

151. Congenital debility, icterus, and sclerema.

NOTE.—Formerly this title included only infants under 3 months of age, as is still the case with the other titles (152 and 153) of this group. This direction has now been withdrawn and no other substituted. In the United States and in England this title will be restricted to deaths of children under 1 year of age. It is desirable to subdivide this title in order to segregate the very important group of deaths reported as due to "premature birth."

(1) **Premature birth (not stillborn).¹**

This subtitle includes:

Accidental abortion	Nondevelopment
Immature birth	Nonviability
Immaturity	Partus intempestitus
Incomplete gestation	Premature birth
Injury of mother causing premature birth.	Prematurity
Miscarriage	Puerperal eclampsia

(2) **Congenital debility.**

This subtitle includes:

Acute catarrhal hepatitis (-ly)	Exhaustion (-ly)
jaundice (-ly)	Extravasation of lung (-ly)
hepatitis (-ly)	Failure of circulation (-ly)
Artificial feeding (-ly)	respiration (-ly)
Asthenia (-ly)	Feeble constitution (-ly)
Atony (-ly)	infant (-ly)
Atresia of lung (-ly)	General atrophy (-ly)
Atrophy (-ly)	breaking down (-ly)
Black jaundice (-ly)	debility (-ly)
Bottle feeding (-ly)	decline (-ly)
Buhl's disease	maraasmus (-ly)
Cachexia (-ly)	œdema (-ly)
Catarrhal hepatitis (-ly)	weakness (-ly)
icterus (-ly)	Gradual decline (-ly)
jaundice (-ly)	Hæmatogenous icterus (-ly)
Congenital (-ly)	jaundice (-ly)
ascites (-ly)	Hæmorrhagic icterus (-ly)
asthenia (-ly)	jaundice (-ly)
autotoxæmia (-ly)	Hepatitis (-ly)
cirrhosis of liver (-ly)	of newborn
debility (-ly)	Hydrops neonatorum
dyspœa (-ly)	Icterus (-ly)
hepatic cirrhosis (-ly)	neonatorum
icterus (-ly)	of newborn
insufficiency (-ly)	Ill-development
malnutrition (-ly)	Imperfect circulation (-ly)
sclerema (-ly)	Improper food (-ly)
uræmia (-ly)	Inanition (from disease, -ly)
weakness (-ly)	Infancy (-ly)
Constitutional weakness (-ly)	Infantile atrophy (-ly)
Debility (-ly)	dropsey (-ly)
Decline (-ly)	heart failure (-ly)
Emaciation (-ly)	

¹ Deaths are compiled under *Premature birth* only when decedents are infants under 1 year of age. For those at or over that age, deaths are charged to title 159 unless another cause is stated in connection with the fact of prematurity. The fact of prematurity is sometimes inferred from the statements of cause of death of mother (e.g., "abortion," "miscarriage"), and it is of course necessary to apply such statement only to children born alive. Stillbirths are not included among deaths at all, no matter what the cause of death prior to birth (complete separation from body of mother) may have been. On the other hand, it is not permissible to exclude deaths of children prematurely born alive from the compilation of deaths.

XI.—EARLY INFANCY—Continued.

151. Congenital debility, icterus, and sclerema—Contd.

(2) Congenital debility—Continued.

This subtitle includes:

Infantile inertia (-ly)	Progressive asthenia (-ly)
tabes (-ly)	weakness (-ly)
Infirmity (-ly)	Prostration (-ly)
Inviability	Pulmonary atresia (-ly)
Jaundice (-ly)	extravasation (-ly)
of newborn	insufficiency (-ly)
Malassimilation (-ly)	Sclerema (-ly)
Maldevelopment	neonatorum
Malignant hepatitis (-ly)	Septic jaundice (-ly)
icterus (-ly)	Sick from birth (-ly)
jaundice (-ly)	Spasmodic asthenia (-ly)
Malnutrition (-ly)	Tabes (infants)
Marasmus (-ly)	Uric acid infarction (-ly)
Multiple birth (child)	Vital degeneration (-ly)
Newborn	Want of breast milk
Obstructive icterus (-ly)	vitality (-ly)
jaundice (-ly)	Wasting (-ly)
Cœliæma (-ly)	disease (infants)
neonatorum	Weakness (-ly)
of newborn	Worn out (-ly)
Pædiatrophia (-ly)	Yellow jaundice (-ly)
Paralysis of lung (-ly)	

152. Other causes peculiar to early infancy.

NOTE.—This title includes only deaths of infants under 3 months of age.

(1) Injuries at birth (not stillborn).

This subtitle includes:

Abnormal labor	Hæmorrhage of scalp (injury at birth)
parturition	Injury at birth
Accident of labor	in delivery
Accidental suffocation in labor (-3m)	Inpiration of vaginal mucus
Apoplexy neonatorum	Instrumental delivery
Breech presentation	Malpresentation
Cæsarean operation	Placenta prævia
Cephalæmatoma	Podalic version
Cephalic hæmorrhage (at birth)	Pressure during birth
Cerebral compression (injury at birth)	of funis
hæmorrhage (injury at birth)	on brain (injury at birth)
pressure (injury at birth)	Prolapse of funis
Compression during birth	umbilical cord
of brain (injury at birth)	Prolonged labor
umbilical cord	Protracted dry birth
Consequence of labor	labor
Delayed confinement	Puncture of foetal membranes
delivery	Retarded labor
Difficult birth	Rupture of brain (incident to birth)
labor	Shock of birth
Dystocia	Strangulation of umbilical cord
Excessive pressure in delivery	Suffocation in childbirth (-3m) ¹
Foot presentation	of foetus during parturition ¹
Forced delivery	Transverse presentation
Forceps operation	Traumatism of birth
Hæmatoma of brain	Vectis (use of)
Hæmorrhage before birth	Version
parturition	

¹ But not resulting in death before complete separation of the body of the child from the mother.

XI.—EARLY INFANCY—Continued.

152. Other causes peculiar to early infancy—Continued.

(2) Other causes peculiar to early infancy.¹*This subtitle includes:*

Apnoea (—3m)	Hæmorrhage of umbilical cord
neonatorum	umbilicus
Asphyxia ²	viscera
neonatorum	Hereditary sepsis
of newborn	Imperfect inflation of lung (—3m)
pallida	Infantile derangement
Atelectasis	disease
neonatorum	Infected navel
of newborn	umbilicus
Cellulitis of umbilicus (—3m)	Infectious omphalitis
Collapse of lung	Inflammation of navel
Congenital atelectasis	umbilical cord
cyanosis	umbilicus
peritonitis	Melena neonatorum
Congestive asphyxia	Mortification of umbilical cord
Cyanopathy	Omphalitis
Cyanosis	Omphalorrhagia
(not due to malformation of heart, —3m)	Phlebitis of umbilicus
neonatorum	Postnatal asphyxia
of newborn	Sepsis of umbilicus
Disease of navel	Septic infection of umbilicus
umbilicus	umbilical cord
Gangrene of umbilical cord	Septicemia from navel
Hæmoglobintria neonatorum	of umbilicus
Hæmophilia neonatorum	Simple apnoea
Hæmorrhage of funis	Ulcer of navel cord
navel	Undeveloped lung (—3m)
newborn	Winckel's disease

153. Lack of care.

NOTE.—This title includes only deaths of infants under 3 months of age.

This title includes:

Bad treatment (newborn)	Lack of care (newborn)
Desertion (newborn)	clothing (newborn)
Exposure	Neglect
to cold	Uncleanliness (newborn)
Lack of care	

¹ Exclusive of injuries at birth.² The very indefinite term "asphyxia" is sometimes returned by physicians with no statement as to disease or condition causing it. When no definite information can be secured, death is compiled under title No. 152 for infants under 3 months of age and under title No. 189 for persons above that age.

XII.—OLD AGE.

154. Senility.

This title includes:

Age (70y+)
 Asthenia (70y+)
 Atony (70y+)
 Atrophy (70y+)
 of old age
 Cachexia (70y+)
 of old age
 Debility (70y+)
 of old age
 Decline (70y+)
 Degeneration (70y+)
 Dementia of old age
 Euthanasia (70y+)
 Exhaustion (70y+)
 of old age
 General atrophy (70y+)
 breaking down (70y+)
 debility (70y+)
 decline (70y+)
 marasmus (70y+)
 senile failure
 weakness (70y+)
 Gradual decline (70y+)
 Imbecility of old age
 Inanition (from disease, 70y+)
 Infirmitiy (70y+)
 Malassimilation (70y+)
 Malnutrition (70y+)
 Marasmus (70y+)
 of old age
 Morbus senilis
 Old age

Progressive asthenia (70y+)
 weakness (70y+)
 Prostration (70y+)
 Senectus
 Senile asthenia
 atrophy
 cachexia
 debility
 decay
 degeneration
 dementia
 exhaustion
 fibrosis
 heart
 imbecility
 insanity
 mania
 marasmus
 melancholia
 paresis
 prostration
 psychosis
 softening
 vascular degeneration
 weakness
 Senility
 Vital degeneration (70y+)
 Want of vitality (70y+)
 Wasting (70y+)
 Weakness (70y+)
 Worn out (70y+)

This title does not include: Senile gangrene (142).—Senile paralysis (66).

XIII.—EXTERNAL CAUSES.

NOTE.—Under suicide should be classed only those deaths in which suicide or attempt at suicide is proved. In collective suicides, only adults should be classed under suicide and minors should be considered as the victims of murder (182-184).

155. Suicide by poison.

This title includes:

Poisoning (suicidal) ¹	Voluntary poisoning
Suicide by poison (any solid or liquid)	

This title does not include: Morphinism (59).—Cocainism (59).

¹ See list under *Poisoning* in Index. Of course any poison not included in list, if taken with suicidal intent, should be included under this title (155), unless a gas or vapor killing by inhalation (156).

XIII.—EXTERNAL CAUSES—Continued.

156. Suicide by asphyxia.*This title includes:*

Suicide by asphyxia (any gas or vapor) ¹	Suicide by inhalation of gas (any gas or vapor) ¹
carbon monoxide	suffocation (any gas or vapor) ¹
chloroform (vapor)	vapor (any vapor)
gas (any gas) ¹	
illuminating gas	

157. Suicide by hanging or strangulation.*This title includes:*

Suicide by hanging	Suicide by strangulation
--------------------	--------------------------

158. Suicide by drowning.*This title includes:*

Suicide by drowning	Suicide by submersion
---------------------	-----------------------

159. Suicide by firearms.*This title includes:*

Suicide by firearms	Suicide by shooting
---------------------	---------------------

160. Suicide by cutting or piercing instruments.*This title includes:*

Suicide by cutting instrument	Suicide by piercing instrument
throat	

161. Suicide by jumping from high places.*This title includes:*

Suicide by jumping from high places

162. Suicide by crushing.*This title includes:*

Suicide by crushing	Suicide by jumping before other vehicles.
jumping before train.	

163. Other suicides.*This title includes:*

Felo de se	Suicide by burns
Suicidal wound	fire
Suicide (unqualified)	scalds

¹ See list under *Poisoning* in Index, with alternative references to 155 or 156, accordingly as certain poisonous agents may be used, with suicidal intent, in either the solid or liquid forms (155) or as a vapor by inhalation (156). When the form is not known, preference is given to the usual method, e. g., suicide by chloroform (156).

XIII.—EXTERNAL CAUSES—Continued.

164. Poisoning by food.*This title includes:*

Acute food poisoning	Milk poisoning
Botulism	Mouldy bread poisoning
Cheese poisoning	Mushroom poisoning
Creatoxismus	Mussel poisoning
Damaged meat poisoning	Poisonous food
Diseased food	Pork poisoning
Egg albumen poisoning	Potato poisoning
Fish poisoning	Ptomaine poisoning (food poisoning)
Food poisoning (unqualified)	Sausage poisoning
Ichthyotoxicon poisoning	Shell fish poisoning
Meat poisoning	Tyrotoxicon poisoning

165. Other acute poisonings.*This title includes:*

Accidental poisoning	Poisoned wound
Acute ergotism	Poisoning ¹
poisoning	Serum intoxication
toxic gastritis	poisoning
gastroenteritis	Snake bite
Antimomial cholera	Toxic gastritis
Antitoxin poisoning	gastroenteritis
Bite of insect	meningitis
venomous serpent	Venom of animal
viper	centipede
Opium narcosis	Venomous bite

This title does not include: Sennitism (57).—Hydrogrylism, etc. (58 or 59, according to circumstances).—Morphism, Chronic ergotism, etc. (59).—Intoxication by ptomaines (autointoxication) (55).—Autointoxication (55).—Urinary Intoxication (125).—Uremic Intoxication (120).—Poisoning by food (164).—Suicide by poisoning (155).—Hemorrhoidal poisoning (184).

166. Conflagration.*This title includes:*

Conflagration (to include all injuries of whatsoever nature resulting therefrom)	Inhalation of smoke (burning building)
Crushed at fire (conflagration)	Jumped from burning building
Fire (in sense of conflagration)	Suffocation (burning building)

167. Burns (conflagration excepted).*This title includes:*

Burn (conflagration excepted, of any organ or part)	Burn by vitriol
by boiling liquid	Dermatitis actinica
water	ambustionis
coal oil	Effects of corrosives
corrosive substance	radium
fire	x rays
gasoline	Explosion of lamp
kerosene	Lamp accident
petroleum	Scald (of any part of body)
steam	by steam
sulphuric acid	Sunburn

This title does not include: Conflagration (166).

¹ See list under *Poisoning in Index*. Solid or liquid poisons not known to be used with suicidal or homicidal intent (accidental or probable accidental), and not included under chronic occupational poisoning (57 or 58), habit poisoning (59), or food poisoning (164), belong under this title.

KIII.—EXTERNAL CAUSES—Continued.

168. Absorption of deleterious gases (conflagration excepted).

This title includes:

Accidental asphyxia	Ether (vapor)
Acetylene poisoning	Gas
Acute etherism	Hydrogen sulphide
Ammonia poisoning	Illuminating gas
Amyl nitrite poisoning	Inhalation of gas
Anæsthetic chloroform	Kilm vapors
Anæsthetic	Laughing gas
for operation (unqualified)	Marsh gas
Asphyxia (accidental)	Nitrous oxide
by fumes	Noxious vapors or effluvia (including those produced by explosives)
gas (accidental)	Overlain
smoke (conflagration excepted)	Poisoning (gas or vapor) ¹
stove	Poisonous gas
vapor	vapor
Bisulphide of carbon poisoning	Sewer gas poisoning
Carbon bisulphide poisoning	poisoning
dioxide poisoning	Suffocation (unqualified)
monoxide poisoning	(by abnormal atmospheric pressure)
Charcoal fumes	(by gas or vapor)
Chloroform (vapor)	by gas, poisonous
Choke damp poisoning (not in mines)	smoke (conflagration excepted)
Coal gas poisoning	in bed
Cordite poisoning (vapor)	Sulphuretted hydrogen
Cyanogen poisoning	Water gas
Delayed chloroform poisoning (vapor)	
Deleterious gas	

This title does not include: Asphyxia of an adult (without further statement) (189).—Chronic etherism (59).—Suicide by asphyxia (156).—Homicidal gas poisoning (184).

169. Accidental drowning.

*Note.—This title includes all drowning not definitely stated to be suicidal (158) or homicidal (184) in character.**This title includes:*

Accidental drowning	Found drowned (open verdict)
submersion	
Asphyxia by drowning	Lost at sea
Cramp while bathing	Suffocation by drowning
Drowning (unqualified)	submersion

170. Traumatism by firearms.

*Note.—This title includes all deaths resulting from injuries by firearms not definitely stated to be suicidal (159) or homicidal (182) in character.**This title includes:*

Accidental wound by firearms (of any part of body)	Shooting
Firearms	Shot
Gunshot	Traumatism by firearms
Pistol wound	Wound by firearms

XIII.—EXTERNAL CAUSES—Continued.

171. Traumatism by cutting or piercing instruments.

NOTE.—This title includes all deaths resulting from injuries of this character, except those definitely stated to be due to suicide (160) or homicide (183).

This title includes:

Cut (of any part of body)	Traumatism by cutting instrument
Incised wound (of any part of body)	piercing instrument
Knife cut	
stab (accidental)	Wound by cutting instrument (of any
Punctured wound (of any part of body)	part of body)
Stab wound (of any part of body, acci-	piercing instrument (of any
dental)	part of body)

172. Traumatism by fall.

This title includes:

Accidental fall	Fall into hold (ship, etc.)
Fall down stairs	Injury by diving
from horse,	from fall
in ship	Traumatism by falling

173. Traumatism in mines and quarries.

NOTE.—The exact nature of the accident and the particular employment of all persons killed in or about the mine or quarry should be stated; also the kind of mine. The title should be subdivided to show the data for mines and quarries separately, or even by kind of mine, if sufficiently important.

This title includes:

Accident in mine	Injury by mining machinery
quarry	wagon in mine
Asphyxia by gas in mine	in mine
Choke damp (unqualified)	quarry
Explosion of fire damp	Mining accident
Fall in pit (mine or quarry)	Traumatism in mine
shaft (mine)	quarry
of coal (mine)	Violent death in mine
stone (quarry)	quarry

174. Traumatism by machines.

NOTE.—The nature of the industry in which the machinery was employed should be noted, as “agricultural machinery,” “machinery in woolen mill,” etc.

This title includes:

Accidental fall of machinery	Injury by machinery
Caught in shafting	Traumatism by machinery
Crushed by traveling crane	passenger elevator
Elevator accident	

XIII.—EXTERNAL CAUSES—Continued.

175. Traumatism by other crushing (vehicles, railways, landslides, etc.).

Note.—This title may be subdivided to show important groups, such as railroad accidents, etc.

This title includes:

Automobile accident	Run over by car
Bicycle accident	vehicle (unspecified)
injury	
Collision	Runaway accident
Crushing	Street car accident
by bumpers	railway accident
Cycle accident	Struck by automobile
Derailment	car or engine
Earthquake	Subway accident
Electric railway accident	Surface car accident
Elevated railway accident	Thrown from automobile
Fall from car or engine	Traumatism by aeroplane
carriage	automobile
or with aeroplane	balloon
balloon	crushing
parachute	electric railroad
Found dead on railroad	landslide
Injury getting off car or engine	other crushing
Interurban railway accident	railroad
Killed on railroad	street railroad
Landslide	vehicle (carriage, wagon,
Motor cycle accident	bicycle, etc.)
Railroad accident	Trolley accident
Run over by automobile	Wound by crushing

176. Injuries by animals.

This title includes:

Bite (of any animal)	Injury by any animal (due to viciousness)
Dog bite	Kick (by horse or other animal)
Gored	Traumatism by horses (due to viciousness)

177. Starvation.

This title includes:

Deprivation of water	Misery
Destitution	Overexertion
Fatigue	Privation
Hunger	Starvation
Inanition (starvation)	
Insufficient nourishment	Thirst

This title does not include: Lack of care (newborn infants) (153).—Insufficient nourishment (newborn infants) (153).—Satiophobia (68).—Hysterical anorexia (73).

¹ The words "starvation" and "inanition" are sometimes used, in the United States, to denote exhaustion from defective nourishment due to disease or to senile or congenital debility. Only where death was caused by actual privation should assignment be made to International title No. 177.

XIII.—EXTERNAL CAUSES—Continued.

178. Excessive cold.*This title includes:*

Congelation	Freezing
Effects of cold (temperature)	Frostbite
Exposure to cold (3m+)	Frozen

This title does not include: Cold (of the newborn) (183).**179. Effects of heat.***This title includes:*

Atmospheric pyrexia	Heat stroke
Effects of heat	Hot weather
in engine rooms, laundries, etc.	Hyperthermia
Excessive heat	Insolation
Heat	Overheated
apoplexy	Sunstroke
cramps	Thermic fever
exhaustion	Thermonousus
fever	Thermoplegia
prostration	

180. Lightning.*This title includes:***Lightning****181. Electricity (lightning excepted).***This title includes:*

Accidental electric shock	Electricity (lightning excepted)
electrocution	Injury by electric shock

182. Homicide by firearms.*This title includes:*

Assassination by firearms	Shot (homicidal)
Gunshot (homicidal)	by burglar
Homicide by firearms	in duel
gunshot	Wound by firearms (homicidal)
Shooting (homicidal)	

183. Homicide by cutting or piercing instruments.*This title includes:*

Assassination by cutting or piercing instrument	Homicide by piercing instrument
Cut (homicidal)	Knife cut (homicidal)
Homicide by cutting instrument	stab Wound by cutting instrument (homicidal)

XIII.—EXTERNAL CAUSES—Continued.

184. Homicide by other means.

This title includes:

Assassination (without further explanation)	Infanticide (unqualified)
Bite of human being	Killed in fight
Criminal abortion (death of mother or child)	Lynching
Duel	Manslaughter
Homicidal poisoning wound	Murder (unqualified) Throwing of sulphuric acid vitriol
Homicide (unqualified)	Traumatism (homicidal)
Incendiary	Wound (homicidal)

185. Fractures (cause not specified).

NOTE.—This is an indefinite title. The cause of the fracture should be stated so that the death can be classified according to the means of death (railroad accident, fall of elevator, etc.).

This title includes:

Avulsion of bone	Laceration of ligament of joint
Compound fracture	Luxation
Detachment of epiphyses	of spine
Dislocation (any bone or cartilage)	vertebra
Fracture (any bone)	Separation of epiphyses
Green stick fracture	Subluxation
Impacted fracture	Wiring fractured bone

186. Other external violence.

NOTE.—This is the residual title for external causes. Many indefinite returns found here could be assigned elsewhere if the means of death and the character of violence (accidental, suicidal, or homicidal) were stated. Deaths from legal execution and war are also included, and may be stated separately if deemed desirable.

This title includes:

Abrasion (of any part of body)	Entrance of air into vein
Accident	Evisceration
Accidental wound	Execution
Air embolism	Explosion
Asphyxia by vomiting	Exposure (3m+)
Avulsion (unqualified)	External causes
Bad treatment (of a child)	Foot ball accident
Battle	Foreign body in abdominal cavity
Blow (unqualified)	wall
Bruise (of any part of body)	air passage
Brushburn	brain
Capital punishment	bronchi
Casualty	larynx
Choked while vomiting	lung
Compression of chest	nasal passage
Concussion of brain	pharynx
spinal cord	pleural cavity
spine	trachea
Contusion (of any part of body)	vagina
Decapitation	Friction-burn
Division of vein	Gangrene of wound
Electrocution (legal execution only)	Hæmorrhage from wound

XIII.—EXTERNAL CAUSES—Continued.

186. Other external violence—Continued.

This title includes:

Hanging (legal execution only)	Traumatic abscess of liver
Ill treatment (of child)	amputation
Injury (of any part of body)	aneurysm
by falling body	cellulitis
Inpiration of foreign material	cerebral meningitis
Killed	cerebritis
in cyclone	compression of brain
Laceration (of any part of body)	spinal cord
Malpractice	convulsions
Obstructive laryngitis (foreign body)	delirium
Perforation of abdomen (cause not indicated)	emphysema
chest (cause not indicated)	eventration
cranium (cause not indicated)	fever
skull (cause not indicated)	gangrene
thoracic cavity (cause not indicated)	meningeal hemorrhage
thorax (cause not indicated)	meningitis
Puncture of vein	nephritis
Rupture of bladder (traumatic)	paralysis
liver (traumatic)	perforation (of any organ)
Septic wound	pleuritis
Severed extremity	pyæmia
Severing of artery	rupture of heart
Strangulation	muscle
Suffocation by plugging of air passage	uterus
strangulation	septichæmia
Suture of heart	shock ¹
	Traumatism (of any organ or part of body)
	Violence
	Wound (of any organ or part of body)

(XIV.—ILL DEFINED DISEASES.

NOTE.—The following titles relate chiefly to diseases not well defined by the physician, either because his means of information were not sufficient, because the disease was lacking in distinctive features, or, perhaps, because he failed to make a complete diagnosis. There are also included (under title 189) some cases in which the cause of death is entirely unspecified or reported as "Unknown," sometimes on account of the absence of medical attendance. Registrars should not accept any returns compiled under these titles if it is possible to secure more definite statements.

187. Ill defined organic disease.

This title includes:

Anasarca	General anasarca
Ascites	œdema (ly+)
Congenital ascites (ly+)	Hydroperitoneum
Dropsy	Hydrops
of abdomen	Infantile dropsy (ly+),
bowel	Edema (ly+)
foot	of connective tissue
intestine	extremity
peritoneum	Universal hydrops

This title does not include: Edema of the newborn (151).—Œdema of the glottis (47).—Œdema of the lungs (94).—Œdema of the brain (64).

¹ Although this term is an inclusion of title No. 175 in the French manual (index only), it is the Census practice to compile such deaths under International title No. 186 in agreement with the assignment of Traumatism (unqualified). Both are indefinite and unsatisfactory returns.

XIV.—ILL DEFINED DISEASES—Continued.

188. Sudden death.

This title includes:

Cardiac syncope
Died suddenly
Dropped dead
Fainting fit

Sudden death (nonpuerperal)
Syncope (fatal)
of heart

This title does not include: Puerperal sudden death (139), nor "sudden death" with an explanatory expression, such as "due to diabetes" (50), or "caused by apoplexy" (64), etc.

189. Cause of death not specified or ill defined.

This title includes:

Abdominal disease
section
Acute delirious mania
delirium
Anorexia
Apnoea (3m+)
Artificial feeding (1y+)
Asphyxia (3m+) (not violence)
Asthenia (1y-69y)
of heart
Asthenic delirium
fever
Atony (1y-69y)
Atrophy (1y-69y)
Bilious
catarrh
fever
Bottle feeding (1y+)
Cachexia (1y-69y)
Capillary congestion
Carbon dioxide poisoning (pathological)
Cardiac asthenia
exhaustion
failure
paralysis
Carcinology
Catarrhal fever
inflammation
sclerosis
"Chronic"
Coeliotomy
Collapse (unqualified)
Colliquative fever
Coma
Complication of diseases
Congenital (1y+)
asthenia (1y+)
debility (1y+)
dyspnoea (1y+)
insufficiency (1y+)
malnutrition (1y+)
weakness (1y+)
Congestion
of heart
vein
Congestive asphyxia (3m+)
chill
fever

Constitutional weakness (1y+)
Cyanosis (not due to malformation of
heart, 3m+)
(without further qualification,
3m+)
Cystic degeneration
Debility (1y-69y)
Decline (1y-69y)
Degeneration (1y-69y)
Delirium
Dentition
Diathesis
Dilatation
Disease of head
navel (3m+)
Distention of abdomen
Dyspnoea
Effusion
Emaciation (1y+)
Ephemeral fever
Exacerbation
Exhaustion (1y-69y)
Failure of circulation (1y+)
respiration (1y+)
Feeble constitution (1y+)
infant (1y+)
Fever (undefined)
of unknown cause
Fistula
Found dead
Gastric fever
Gastrointestinal fever
General atrophy (1y-69y)
breaking down (1y-69y)
catarrh
collapse
congestion
debility (1y-69y)
decline (1y-69y)
marasmus (1y-69y)
weakness (1y-69y)
Gradual decline (1y-69y)
Hæmorrhagic fever
Headache
Heart exhaustion
failure
Hypersemia
Hyperpyrexia

XIV.—ILL DEFINED DISEASES—Continued.

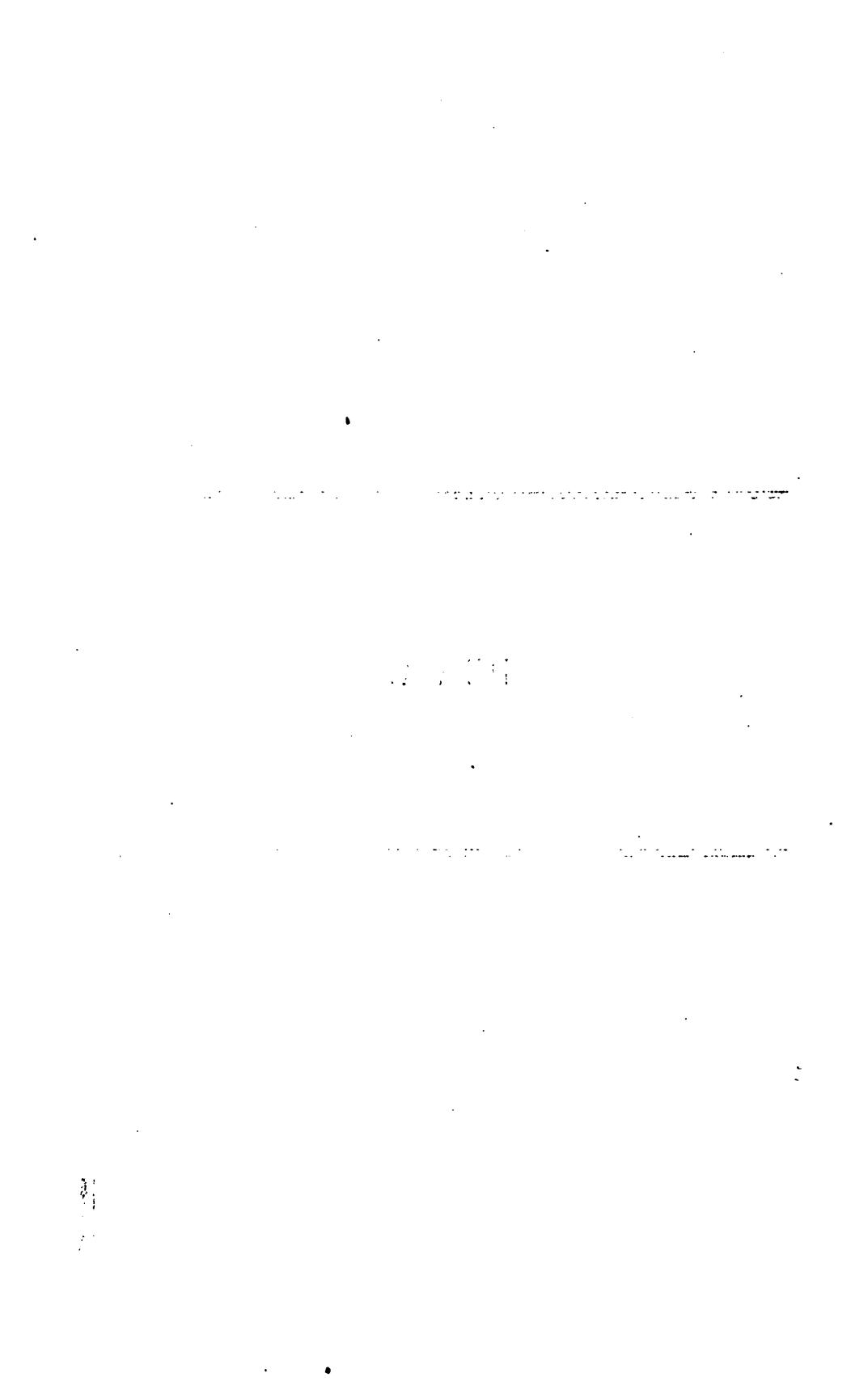
189. Cause of death not specified or ill defined—Continued.

This title includes:

Hypertrophy	Progressive weakness (1y-69y)
Immature birth (child, 1y+)	Prostration (1y-69y)
Immaturity (child, 1y+)	Pyrexia (of uncertain origin)
Imperfect circulation (1y+)	Rash
Improper food (1y+)	Rupture of viscera
Inanition (from disease, 1y-69y)	Seasickness
Infancy (1y+)	Section of abdomen
Infantile atrophy (1y+)	Shock
derangement (3m+)	Sick from birth (1y+)
disease (3m+)	Simple continued fever
fever	Slow fever
heart failure (1y+)	Softening
inertia (1y+)	Sore
tabes (1y+)	Stenosis
Infection	Stupor
Infectious disease	Subdelirium
Infirmity (1y-69y)	Suppuration
Inflammation	Surgical apoplexy
of abdomen	exhaustion
Inflammatory fever	mania
Inquest pending	operation
Insomnia	shock
Laparotomy	Synochal fever
Malassimilation (1y-69y)	Tabes
Malignant fever	Tapping of abdomen
Malnutrition (1y-69y)	Teething
Marasmus (1y-69y)	Transfusion of blood
Natural causes	Trepanning
Neglect (3m+)	Trephining
Nervous fever	of skull
No disease	Typhomania
“Noncontagious”	Undetermined
Obstruction	Unknown
Operation	cause
Overwork	disease
Paracentesis	Unspecified
Paralysis cordis	Venous congestion
of heart.	Violent fever
Paresis of heart	Visitation of God
Perforation	Vital degeneration (1y-69y)
Polyuria	Want of vitality (1y-69y)
Postoperative shock	Wasting (1y-69y)
Premature birth (child, 1y+)	Weak heart
Prematurity (child, 1y+)	Weakness (1y-69y)
Progressive asthenia (1y-69y)	Worn out (1y-69y)

This title does not include: Congenital debility (151).—Exhaustion, cachexia, or debility: in old persons (154).—Fever: ataxoadynamic (1), or continued (1), or summer (98), or hay (98).—Asphyxia from external cause (156 or 168).—Cyanosis of the newborn (152).

INDEX.



SUGGESTIONS ON USE OF INDEX.

References are to the titles of the detailed International List of Causes of Death, Second Decennial Revision (1909), as shown in the preceding Tabular List. For use with abridged lists, see p. 34.

Terms are to be understood with the qualifications indicated only. The expression "not otherwise defined" may be considered as implied in each assignment.

The names of organs or parts of the body and also of diseases are shown with the adjective form in parentheses, as "Abdomen (abdominal)," "Heart (cardiac)," "Kidney (renal)," "Tuberculosis (tuberculous)," etc. Either word may be read with the indented list of words following, as "Abscess of abdomen" or "Abdominal abscess," etc., as may be necessary to identify the form returned.

Stillbirths are not included in deaths. Reference may be made to the heads "Stillbirth" and "Premature birth" for certain terms that require a distinction in this respect.

Symbols are used for age limits that govern the reference to certain titles, especially 70, 71, 89, 90, 104, 105, 151, 152, 153, 154, and 189:

Under 3 months (-3m)	Under 15 years and 45 years and over (-15y, 45y+)
3 months and over (3m+)	1 to 60 years, both inclusive (1y-60y)
Under 1 year (-1y)	Under 60 years (-60y)
1 year and over (1y+)	60 years and over (60y+)
Under 5 years (-5y)	70 years and over (70y+)
5 years and over (5y+)	
15 to 44 years, both inclusive (15y-44y)	

The words "Cancer" and "Tumor" are used as general terms for all varieties of malignant and nonmalignant neoplasms, respectively; for lists of forms, see pages 63 and 66. See also "Injury" or "Wound" for the general assignment of terms denoting external violence, and "Poisoning" for the distinctions involved in the assignment of poisonings and intoxications. Under "Arm" may be found assignments applicable to leg, thigh, extremity, etc.; under "Bone," those of any particular bone; and under "Joint," the general references for any articulation.

The additional terms and changes in classification contained in the Appendix (p. 301) have not been incorporated in either the Index proper or the Tabular List.

ХАРІУ В. ВІДЛІСК СІВІРІЙСЬК

Both of these are well known to us, and we can hardly conceive of any other way of obtaining the same result.

the first time, and the first time I have seen it. It is a very large tree, and has a very large trunk. The bark is rough and textured, and the leaves are large and green. The tree is located in a park, and there are other trees and bushes around it. The sky is clear and blue, and the sun is shining brightly. The overall atmosphere is peaceful and serene.

and the author of the present paper has been able to find no record of any such species in the literature. The author has examined the following collections:—

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¹ See forms of cancer on p. 62. Any form of cancer with location not stated is assigned to (45), except epithelioma and epithelial tumor (44). When the location is stated, assignment is to codes 39 to 45, according to the list of organs or parts of the body affected.

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PARASITIC DISEASE

All "germ diseases," e. g. Typhoid fever (caused by the *Bacillus typhosus*), are parasitic diseases, but the expression is usually understood to include those caused by higher fungi or by animal parasites. The name of the disease should be reported by the physician if possible, not merely the name of the parasite. The latter, however, may be confirmatory of diagnosis, or in itself, in some cases, diagnostic. The brief list below should be used with caution and as subordinate to the statement of disease causing death when that is given.

Parasite	<i>Parasitic disease</i>
Actinomyces bovis	Actinomycosis 25
Amoeba dysenteriae	Amoebic dysentery 14
Ancylostoma	Ancylostomiasis 106
Ankylostoma	Ankylostomiasis 106
Ascaris lumbricoides	Ascarilasis 107
Aspergillus	See Aspergillosis

<i>Parasite—Con.</i>	<i>Parasitic disease—Con.</i>	<i>Parasite—Con.</i>	<i>Parasitic disease—Con.</i>
Bacillus aerogenes capsulatus	Bacillus aerogenes capsulatus infection 20	Schistosoma	Schistosomiasis 107
anthracis	Anthrax 22	Shiga's bacillus	Bacillary dysentery 14
botulinus	Botulism 164	Spirillum cholerae	Asiatic cholera 12
cholerae	Asiatic cholera 12	Spirillum obermeieri	Relapsing fever 3
coli communis	Bacillus coli communis infection (-2y) 104 (2y+) 105	Spirocheta	Relapsing fever 3
diphtheriae	Diphtheria 9	obermeieri	Syphilis 37
dysenteriae	Bacillary dysentery 14	pallida	Syphilis 37
influenzae	Influenza 10	Spironema pallidum	Staphylococcus infection 20
lepros	Leprosy 17	Staphylococcus	Streptococcus infection 20
mallei	Glanders 21	Streptococcus	Teniasis 107
pestis	Plague 15	Tapeworm	Teniasis 107
pneumoniae	Pneumonia 92	Treponema pallidum	Syphilis 37
shiga	Bacillary dysentery 14	Trichina spiralis	Trichiniasis 107
tetani	Tetanus 24	Trypanosoma	Trypanosomiasis 55
typhi abdominalis	Typhoid fever 1	Tubercle bacillus	See Tuberculosis
typhosus	Typhoid fever 1	Uncinaria	Uncinariasis 106
tuberculosis	See Tuberculosis	Vincent's bacillus	Vincent's angina 100
Balantidium coli	Balantidio dysentery 14		
Blastomyces	Blastomycosis 25		
Bothrioccephalus	Teniasis 107		
Cestodes	Teniasis 107		
Comma bacillus	Asiatic cholera 12		
Cysticercus cellulose	See Cysticerci		
Dibothrioccephalus	Teniasis 107		
Eberth's bacillus	Typhoid fever 1		
Echinococcus	See Hydatid		
Entamoeba histolytica	Entamoebic dysentery 14		
Fasciola hepatica	Hepatic distomiasis 107		
Filaria	See Filariasis		
Fluke	Distomiasis 107		
Friedländer's pneumobacillus	Pneumonia 92		
Gonococcus	Gonococcus infection 38		
Hookworm	Hookworm disease 106		
Klebs-Löffler bacillus	Diphtheria 9		
Koch's comma bacillus	Asiatic cholera 12		
Laveraniasis	Malaria 4		
Löffler's bacillus	Diphtheria 9		
Meningococcus	Cerebrospinal fever 61		
Micrococcus intracellularis meningitidis	Cerebrospinal fever 61		
lanceolatus	Pneumonia 92		
melitensis	Malta fever 3		
meningitidis	Cerebrospinal fever 61		
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Necator americanus	Hookworm disease 106		
Negri bodies	Diagnostic of rabies 23		
Oldfieldia albicans	Thrush 99		
Paratyphoid bacillus	Paratyphoid fever 1		
Pfeiffer's bacillus	Influenza 10		
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Pneumococcus	Pneumonia 92		
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All internal¹ poisoning, intoxication, or toxæmia, may be divided, for the purpose of statistical assignment under the titles of the International List, into two general groups:

A. Toxæmia from poisons predicated within the body

Such poisons may result from normal or pathologic cell action, from the growth of animal or vegetable parasites (e. g., diphtheria or typhoid toxins) or

in the course of various diseases (e. g., diabetic coma from β -oxybutyric acid intoxication). When due to a definite disease, the condition should be tabulated thereunder. Some more or less indefinite terms are assigned as follows:

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Copromia 110	Toxæmia 55
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55	Uræmic intoxication
Puerperal	120
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B. Poisoning by external substances

The word "poisoning" should be restricted to this group, as far as possible. It is divided as follows:

1. Chronic, habit, and industrial poisonings

- 56. Alcoholism (acute or chronic)
- 57. Chronic lead poisoning
- 58. Other chronic occupation poisonings
- 59. Other chronic poisonings

2. Other poisonings (usually acute)

- (a) Suicidal (solid or liquid poison) 155
(gas or vapor) 156
- (b) Homicidal 184
- (c) Accidental (or undefined):
 - 164. Poisoning by food. Includes "ptomaine poisoning" due to food
 - 165. Other acute poisonings. (Includes venom poison as by snake bite. Solid and liquid poisons only)
 - 168. Absorption of deleterious gases (conflagration excepted)

All assignments of deaths reported from poisoning are to be governed by the definitions set forth above, and it is therefore important that deaths from poisoning should always state the nature of the poisoning as accidental, suicidal, or homicidal. Chronic poisonings and especially chronic industrial or occupational poisonings should always be definitely stated. The following list contains all the poisons in the last edition of the Bellevue Nomenclature with the ordinary or probable assignment indicated (in the absence of further information in addition to the form of return and exclusive of homicidal and suicidal poisonings):

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¹ The effects of x-rays, of radium, steam, boiling liquids, and of corrosive substances (e. g., sulphuric acid) acting upon the surface of the body, are not included under Poisoning but under Burns (conflagration excepted) (167). Dermatitis from poison ivy or poison oak (*Rhus toxicodendron*) is assigned to (146).

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- PREMATURE BIRTH (child)**
- The Rules of Statistical Practice adopted by the American Public Health Association (*see* Census Bulletin No. 108, Mortality Statistics, 1902, pp. 37-42) provide as follows:
- Premature births (not stillborn) should be included in total deaths (classified under International Title No. 151). [Same title in revised list, subtitle 1.]
- Premature births (stillborn) should be classed under stillbirths, and should not be included in total deaths.
- When a premature birth is reported as "stillborn" and an inconsistent statement of age (days, hours, minutes) is also given, the registrar should endeavor to secure a statement that will enable the case to be classed with certainty either as a stillbirth or as a death. If no additional information can be obtained, the statement of age should govern, and the case be compiled as a death, not as a stillbirth.
- When a premature birth is reported with no statement of age (space left blank), the local registrar should endeavor to obtain a statement of age, or at least that the child was born alive; but in the absence of any further data, the case should be compiled as a stillbirth.

The rules and assignments given under the head "Stillbirth" may be compared, together with the specific assignments indicated by the following list:

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 - (child, not dead at birth) 151 (subtitle 1)
- Immature birth
 - (child, dead at birth) *Stillbirth*
 - (child, not dead at birth, -ly) 151 (subtitle 1)
 - (child, not dead at birth, 1y+) 189
- Miscarriage
 - (child, dead at birth) *Stillbirth*
 - (child, not dead at birth) 151 (subtitle 1)
- Premature birth
 - (child, dead at birth) *Stillbirth*
 - (child, not dead at birth, -ly) 151 (subtitle 1)
 - (child, not dead at birth, 1y+) 189
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 - (child, not dead at birth, -ly) 151 (subtitle 1)
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¹ Not in sense of relating to spinal cord, q. v.

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STILLBIRTH

The Rules of Statistical Practice adopted by the American Public Health Association (see Census Bulletin 106, Mortality Statistics, 1909; pp. 37-42) recommend that—

Stillbirths should not be included in deaths.

Children born alive and *living for any time whatever*, no matter how brief, after birth, should not be classed as stillbirths, even though reported by the attending physicians or midwives as "stillborn."

Whenever age, in days, hours, or minutes, is reported for a "stillborn" child, or indicated by a difference between dates of birth and death, the registrar should secure a statement that will enable the case to be classed with certainty either as a stillbirth or as a death. If no additional information can be obtained, the statement of age should govern, and the case be compiled as a death, not as a stillbirth.

Premature births (not stillborn) should be included in total deaths (classified under International title No. 151). [Same number in revised list; subtitle 1.]

Premature births (stillborn) should be classed under stillbirths, and should not be included in total deaths.

Statistical definition of "Birth"

Birth (completion of birth) is the instant of complete separation of the entire body (not body in the restricted sense of trunk, but the entire organism, including head, trunk, and limbs) of the child from the body of the mother. The umbilical cord need not be cut nor the placenta detached in order to constitute complete birth for registration purposes. A child dead or dying a moment before the instant of birth is a stillbirth, and one dying a moment, no matter how brief, *after* birth, was a living child, and should not be registered as a stillbirth.

The exact statement of age, which must not be confused with the statement of duration of uterogenesis, is essential for the separation of stillbirths from living births and from deaths of children born alive. Age is the time survived after birth. The age of a stillbirth is "0" or no days, hours, or minutes. Exact statement of age in hours or minutes is provided for upon the Revised United States Standard Certificate of Death in the case of infants dying under 1 day of age. The word "stillbirth" is sometimes loosely used to include deaths of infants that occur some time after birth. "Stillbirth," when consistent with statement of age (or in the absence of any statement of age), takes precedence over any other term and excludes the case entirely from the compilation of deaths. The following list contains terms that may occur upon certificates of death:

Terms requiring discrimination as to stillbirth¹

Abortion
 (child, dead at birth) Stillbirth²
 (child, not dead at birth) 151 (subtitle 1)
 Acardiac fetus Stillbirth²
 Acormous fetus Stillbirth²
 Acrania Stillbirth²
 Albuminuria of mother
 (child, dead at birth) Stillbirth²
 (child, not dead at birth) 151 (subtitle 2)
 Anencephalus Stillbirth²
 Application of craniotomy forceps Stillbirth²

¹ A correct statement of age or the fact that the child was *dead at birth* or was *not dead at birth* should be obtained, if possible, in all these cases.

² Stillbirths are to be excluded from the compilation of deaths.

Asphyxia during labor
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Breech presentation
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Cesarean operation
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Cephalotomy *Stillbirth*¹
Cephalotripsy (child) *Stillbirth*¹
Compression of cord
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Cranioclast *Stillbirth*¹
Craniotomy (child) *Stillbirth*¹
Crushing head of child *Stillbirth*¹
Decapitation of fetus *Stillbirth*¹
Difficult labor
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Dystocia
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Embyrotomy *Stillbirth*¹
Evisceration of fetus *Stillbirth*¹
Excessive pressure in delivery
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Foot presentation
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Forces operation
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Immaturity
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 151 (subtitle 1)
Incomplete gestation
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 151 (subtitle 1)
Injury at birth
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Malformation
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 150
Malpresentation
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Miscarriage
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 151 (subtitle 1)
Nonviable
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 151 (subtitle 1)
Percutaneous of head of child *Stillbirth*¹
Placental disease
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 2)
Premature birth
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 151 (subtitle 1)
Prolapse of funis
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Prolonged labor
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
Stillbirth
 (age "0" or no age stated) *Stillbirth*¹
 (age stated in hours or minutes of survival after
 birth) 151 (subtitle 2)
Stillborn (see Stillbirth)
Syphilis
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 37
Traumatism of mother
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) *Accidental or homicidal*
 and by means of injury
Typhoid fever
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 1

Version
 (child, dead at birth) *Stillbirth*¹
 (child, not dead at birth) 152 (subtitle 1)
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¹ *Stillbirths* are to be excluded from the compilation of deaths.

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- Streptococcic angina** 100
- Streptococcus infection** 20
- Streptomycosis** 25
- Streptotrichosis** 25
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¹ See forms of tumor on p. 66. Any form of tumor (not malignant; *see Cancer*) with location not stated is assigned to (46). When the location is stated, assignment is to the organ or part of the body affected, as a rule, according to the following list. *See also Cyst.*

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APPENDIX TO REPRINT : 1916.

**SHOWING ADDITIONS AND CHANGES SINCE THE PUBLICATION OF
THE MANUAL IN 1911, AND ASKING FOR SUGGESTIONS FOR THE
THIRD DECENTNIAL REVISION OF THE INTERNATIONAL LIST, 1919.**

WILSON'S BIRD OF PARADISE

Wilson's Bird of Paradise is a small bird, about 10 inches long, with a crest of long, black, plumes. It has a bright blue patch on its wing and a red patch on its tail. The male bird is very colorful, while the female is more muted in color.

APPENDIX TO REPRINT: 1916.

ADDITIONS AND CHANGES SINCE THE PUBLICATION OF THE MANUAL IN 1911.

The following list contains some changes of classification and some assignments of new terms that have been mutually agreed upon, for the most part, by the Bureau of the Census and the Registrar-General's Office of England and Wales, of which Dr. T. H. C. Stevenson is the superintendent of statistics. Lists of new terms are regularly exchanged by the two offices so that there may be uniformity in the compilation of the causes of death.

The orthography of the names of diseases in that part of the Manual reprinted from the original plates is in accordance with the recommendation of the Committee on Nomenclature and Classification of Diseases of the American Medical Association in 1909. That committee has since decided (Atlantic City, 1912) to recommend the simpler spelling, which accordingly is employed in the list below. As cross-references are given for the simpler forms in the Index, e. g., *anemia* to *anaemia*, *leukemia* to *leucæmia*, etc., no practical difficulty results.

Abscission tumor (retroperitoneal)	46	Attack of paralysis	64
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Aortic atheroma	81	placenta	42
Arteriosclerotic nephritis	120	rectovaginal septum	41
Asthmatic croup	9	salivary gland	45 (change from 39)
Atelia	150	submaxillary glands	39
		submental region	45

¹ This is an undesirable term and should not be employed on certificates of death, because it is often difficult to understand to signify that Klebs-Löffler bacilli were found but that clinical diphtheria was not present. When this is the case the local registrar should state that diphtheria was not present, because otherwise the term will be assigned to diphtheria, as indicated above, the decision of eminent lexicographers and the understanding of the Bureau of the Census being that "bacteriological diphtheria" is diphtheria in which the diagnosis is confirmed by the finding of the Klebs-Löffler bacilli.

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INDUSTRIAL POISONING

In connection with the list of poisonings given in the Index (pp. 263-267), the following List of Industrial Poisons will be found useful. It is taken from the Bulletin of the Bureau of Labor, May, 1912, and constitutes the revised list of poisons as published by the International Association for Labor Legislation. It is especially important that the exact form of occupation and the industry, as provided by the Revised United States Standard Certificate of Death, should be fully given in all deaths reported in connection with any of these poisons; also that physicians and registration officials should be on the alert to recognize the industrial character of any other poisons or diseases, and to note the influence of temperature, foul air, dust, gases or vapors, or other unhygienic influences incident to occupation. Reference should be made to the bulletin cited for statement of branches of industry in which poisoning occurs, mode of entrance into the body, and symptoms of poisoning.

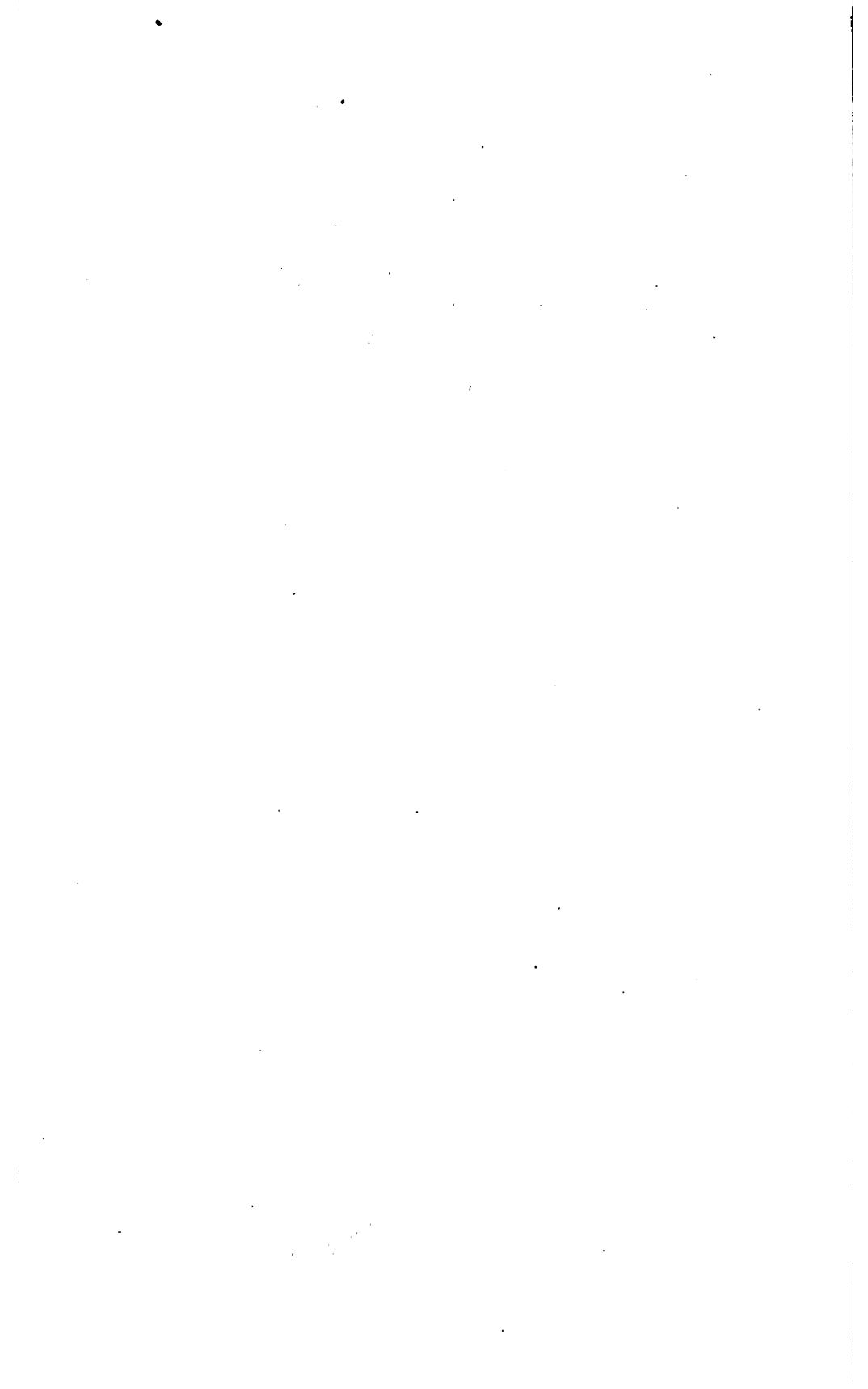
List of Industrial Poisons.

Acetaldehyde, ethylaldehyde	Diazomethane
Acridine	Dimethyl sulphate
Acrolein	Dinitrobenzol
Ammonia	Ethylaldehyde
Amyl acetate	Fluoric acid
alcohol	Formaldehyde
Aniline	Gasoline
dyestuffs [Name.]	Hydrochloric acid
Antimony compounds: [Name.]	Hydrofluoric acid
Trioxide of antimony	Iodine methylate
Antimony trichloride	Lead (57)
Tartar emetic	Lead alloys [Name.]
Golden sulphide.	Lead colors [Name.]
Arenic compounds: [Name.]	Lead salts [Name.]
Scheele's green	Manganese dioxide
Schweinfurt green	Mercury
Brunswick green	Mercury compounds [Name.]
Neuwied green	Amalgams
Cochineal (Vienna red)	Methyl alcohol
Arenapureted hydrogen	Methyl bromide
Benzine (gasoline)	Methyl iodide, iodine methylate
Benzol	Nitraniline
Binitrobenzol	Nitrobenzol
Carbon dioxide	Nitroglycerin
Carbon disulphide	Nitromaphthalene
Carbon monoxide	Nitrous gases
Illuminating gas	Oxalic acid
Water gas	Petroleum
Producer gas	Phenol
Chloride of lime	Phenylydrazine
Chlorine	Phosgene
Chlorodinitrobenzol	Phosphorus
Chloronitrobenzol	White phosphorus
Chromium compounds: [Name.]	Yellow phosphorus
Chrome yellow (lead chromate, 57)	[Red phosphorus, nonpoisonous]
Chrome orange (lead chromate, 57)	Phosphorus sesquisulphide
Chrome red (lead, 57)	Phosphureted hydrogen
Cyanogen compounds: [Name.]	Picric acid
Potassium cyanide	Pyridine
Sodium cyanide	Sulphur chloride
Rhodanic (sulphocyanic) compounds [Name.]	dioxide
	Sulphurous acid
	gas
	Sulphureted hydrogen
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 Parotitis 19
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 Persistence of fetal circulation 150
 Phlebosclerosis 88
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 Pneumococcal bronchitis 90
 Pneumococcal empyema 93
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 pyemia 20
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 from 63)
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SUGGESTIONS FOR THE THIRD DECENTNIAL REVISION OF THE INTERNATIONAL LIST, 1919.

In the final Convention signed by the representatives of the 20 countries that participated in the Second Decennial Revision of the International Classification or List of Causes of Sickness and Death, appears the following paragraph relating to the next or Third Decennial Revision:

They [the delegates] recognize that it is desirable that this nomenclature [statistical list] should be revised every 10 years, the next revision to take place in the course of the year 1919. In default of any different arrangement, the Government of France will assume the duty of convoking, for that object and on that date, a new International Commission.

The First Revision was held at Paris in 1900, the Second Revision, also at Paris, in 1909—the date having been advanced a year in accordance with the request of the United States so that the revised list might be available for use beginning with 1910, the year of the decennial census of population. The exact time and place of the Third Decennial Revision are not yet settled, and it may be possible that some Government other than France will call the next International Commission of Revision into existence. Since the last session the International List has been adopted by the Registrar-General of England and Wales and is now in use in all the British possessions. The next edition (fifth) of the Nomenclature of Diseases of the Royal College of Physicians of London will be published in 1916, and study of the changes therein may lead to some important recommendations for alterations in the general arrangement of the International List. The German classification, adopted in 1905 and more precise in certain respects than the International, with which it is readily comparable for most purposes, will perhaps also shortly be revised; it would be extremely desirable indeed that Germany should participate in the work of revision of the International List, even though its adoption might not be expedient, as a step in the progress toward world-wide uniformity. American registration officials will be greatly interested in the possibility of the next session of the International Commission of Revision being held in the United States, and the propriety of a formal invitation from the Government should be considered, but the selection should be determined solely by con-

siderations of what will be most advantageous for the cause of international uniformity.

Although the date of the next session (1919) is still some distance in the future, it is not too early to begin the study of what changes are necessary and desirable in the system as at present in effect. Suggestions are therefore requested from all users of this Manual, including state and city registration officials, officers and members of state and city boards of health, members of organizations combating various forms of disease, pathologists, physicians connected with hospitals as well as those engaged in general practice or devoted to any of the special branches of medicine, officers of the Government medical services, medical officers and statisticians of life insurance companies, workers in industrial hygiene, and, in general, from all who may have occasion to employ statistics of causes of death and desire them to be as thoroughly comparable and useful as the nature of the subject will permit.

Suggestions will be filed and acknowledged as received by the Bureau of the Census, collated, and submitted; with full credit to the source from which received, to the next session of the International Commission. It may be feasible to publish the suggestions received from American registration officials and others in advance of the session, so that they may be submitted informally to the foreign offices cooperating, and thus some measure of agreement as to the most important changes be reached in advance. Such a procedure would enable the actual time of the meeting to be devoted to the determination of questions on which marked differences of opinion may exist.

Suggestions for the revision of the International List may be divided into two classes, namely, (1) those of a general nature, relating to the grouping of titles, the principles of classification, and the terms to be included under new titles that may be proposed, and (2) specific recommendations for the addition of new terms to certain titles, for the deletion of terms from certain titles, for the transfer of terms from one title to another, for the insertion or removal of definite age or other qualifications, and the like.

(1) General suggestions should be definitely stated, with reasons for the proposed changes, and may be written out at length (preferably typewritten, double spacing). It is desired that they be written upon the official letterheads if from a registration or other office or organization, and that each sheet or set of sheets relate to a single proposition and be dated and signed officially.

(2) Specific recommendations may conveniently be made upon cards of uniform size, a supply of which will be sent upon request. Exact reference should be made to the present International numbers

affected, giving also the full titles so that the reference will be certain, the proposed change, addition or transfer ("Add," "Transfer," etc.), and the date and signature of the proposer. Use a separate card for each suggestion and observe whether more or less synonymous terms also require to be considered. As an example, the following specimen may be submitted:

Card for suggestions as to changes in International List.

[5 x 3 in.]

SUGGESTION FOR CHANGE.

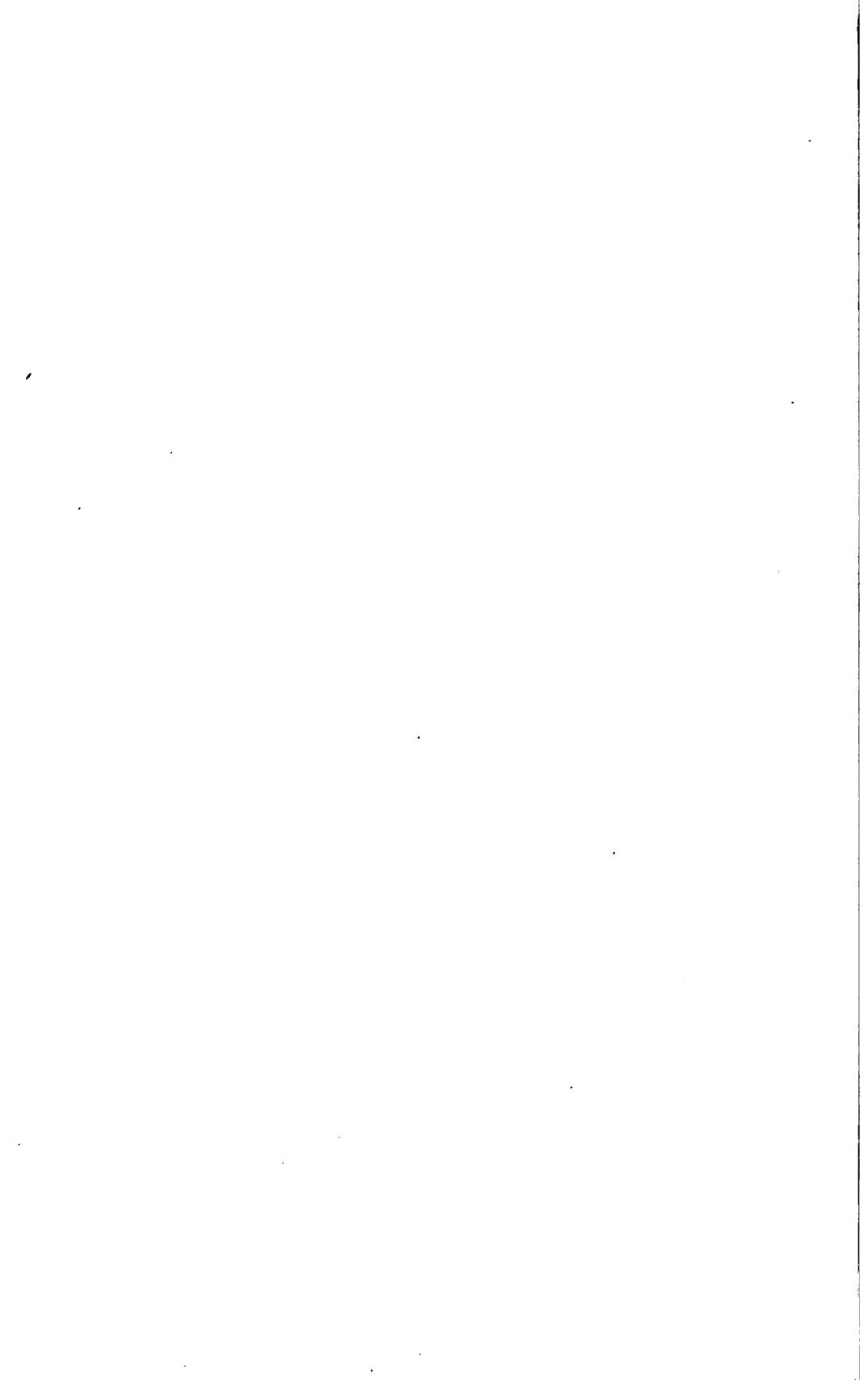
THIRD DECENTNIAL REVISION OF THE INTERNATIONAL LIST OF CAUSES OF DEATH: 1919.

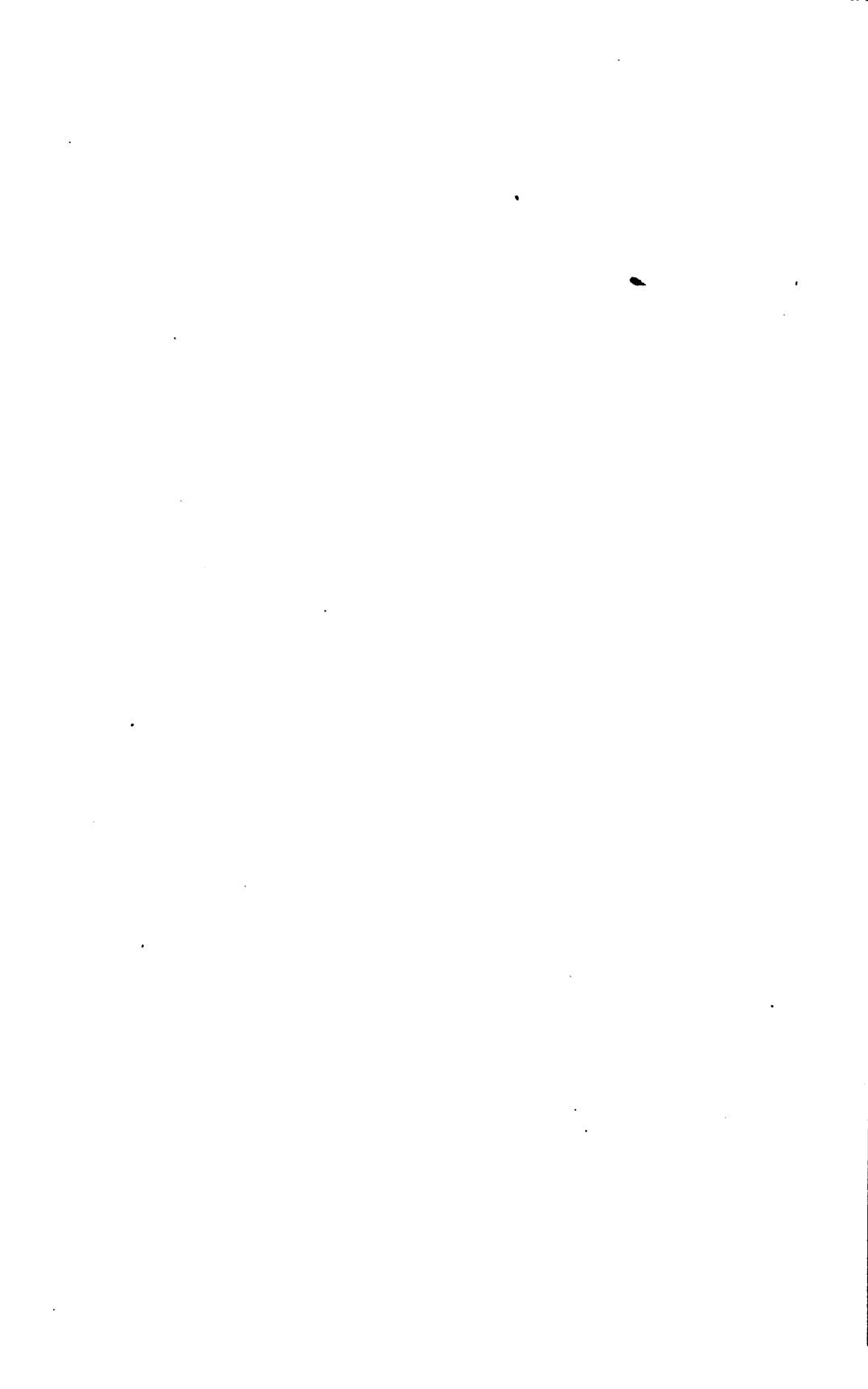
Transfer Specific laryngitis from title No. 28, Tuberculosis of the lungs, to title No. 37, Syphilis.

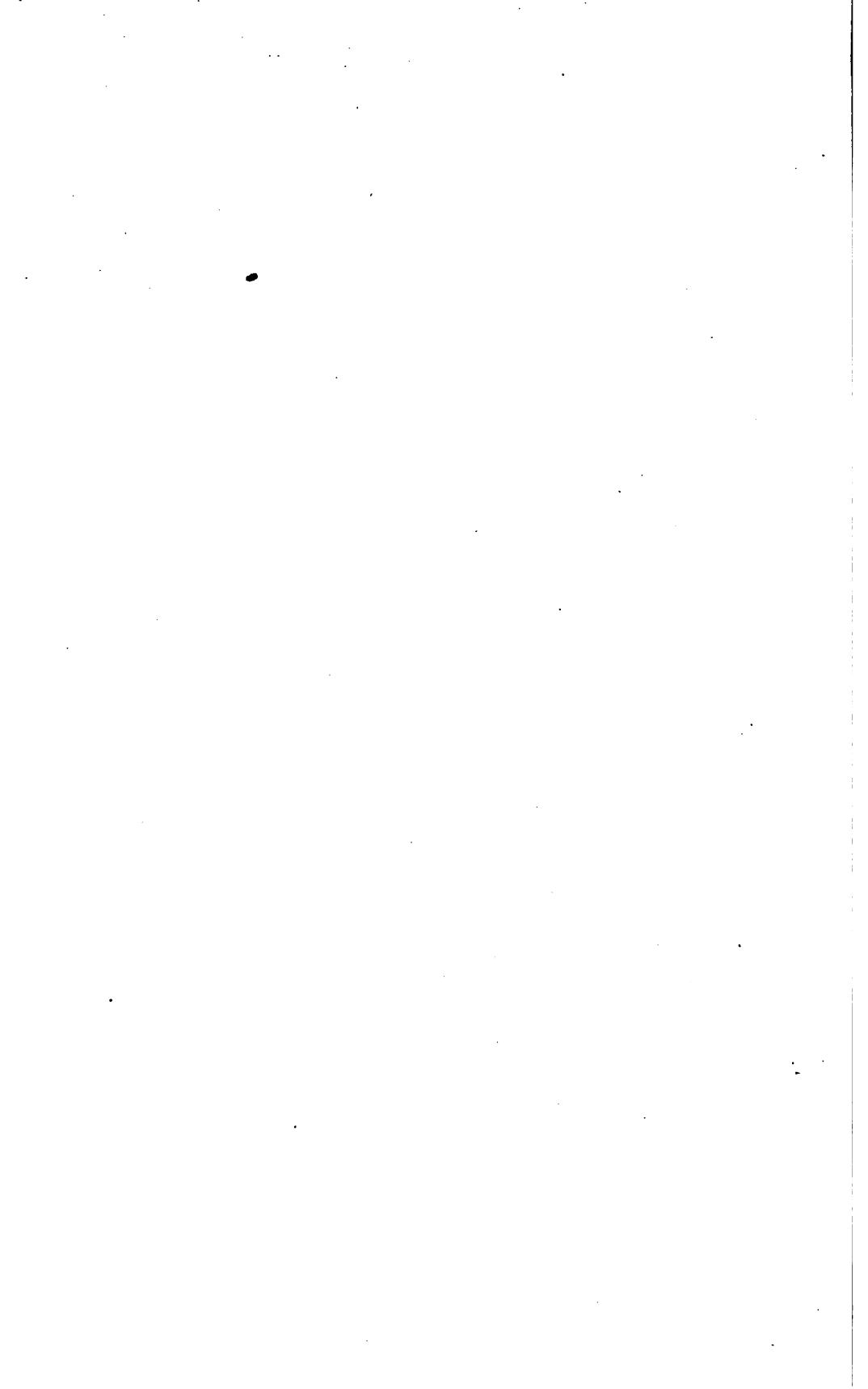
"Specific" usually means syphilitic. English Manual includes "Specific (any affection so qualified)" under title No. 37.

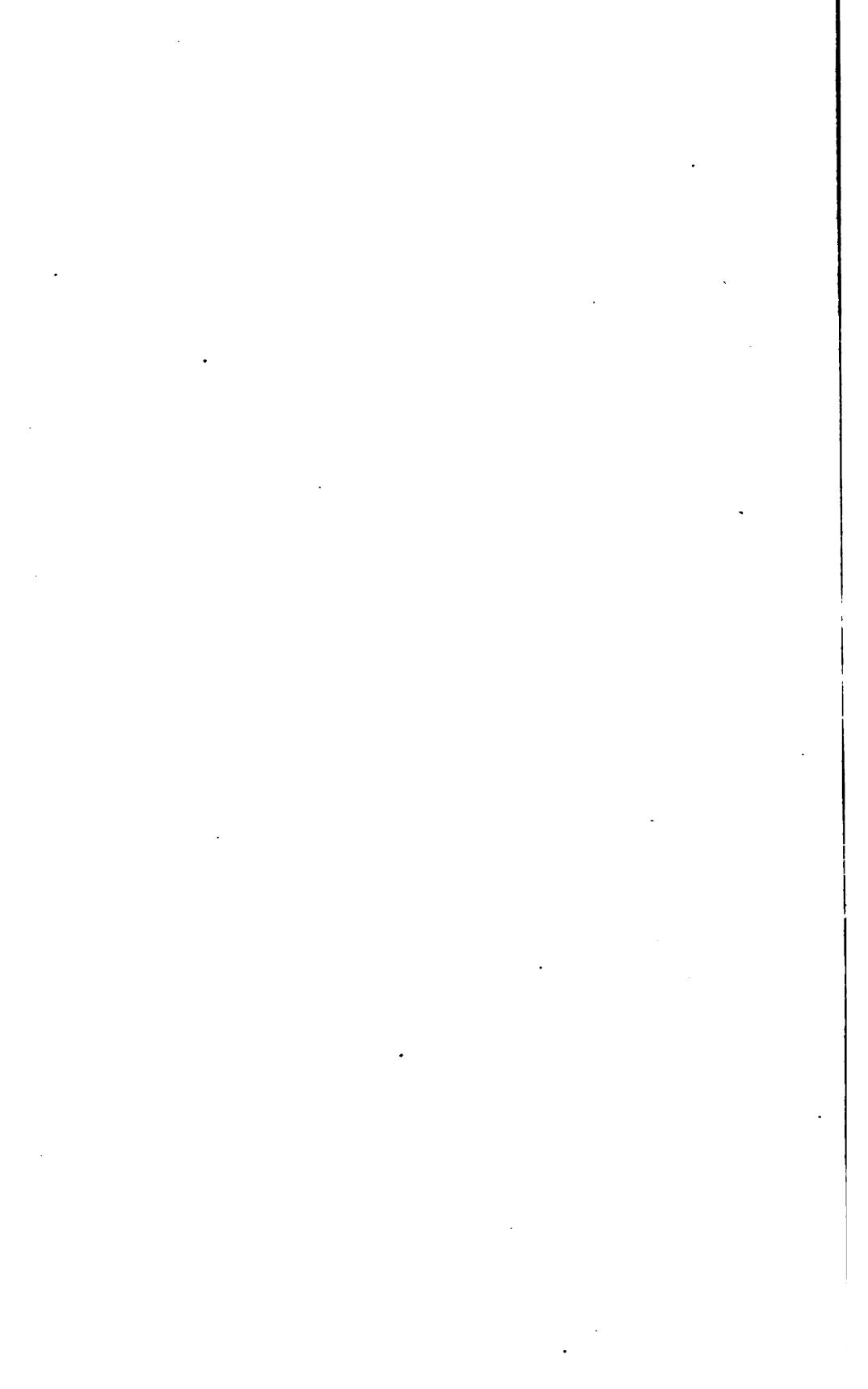
Dated.....191..



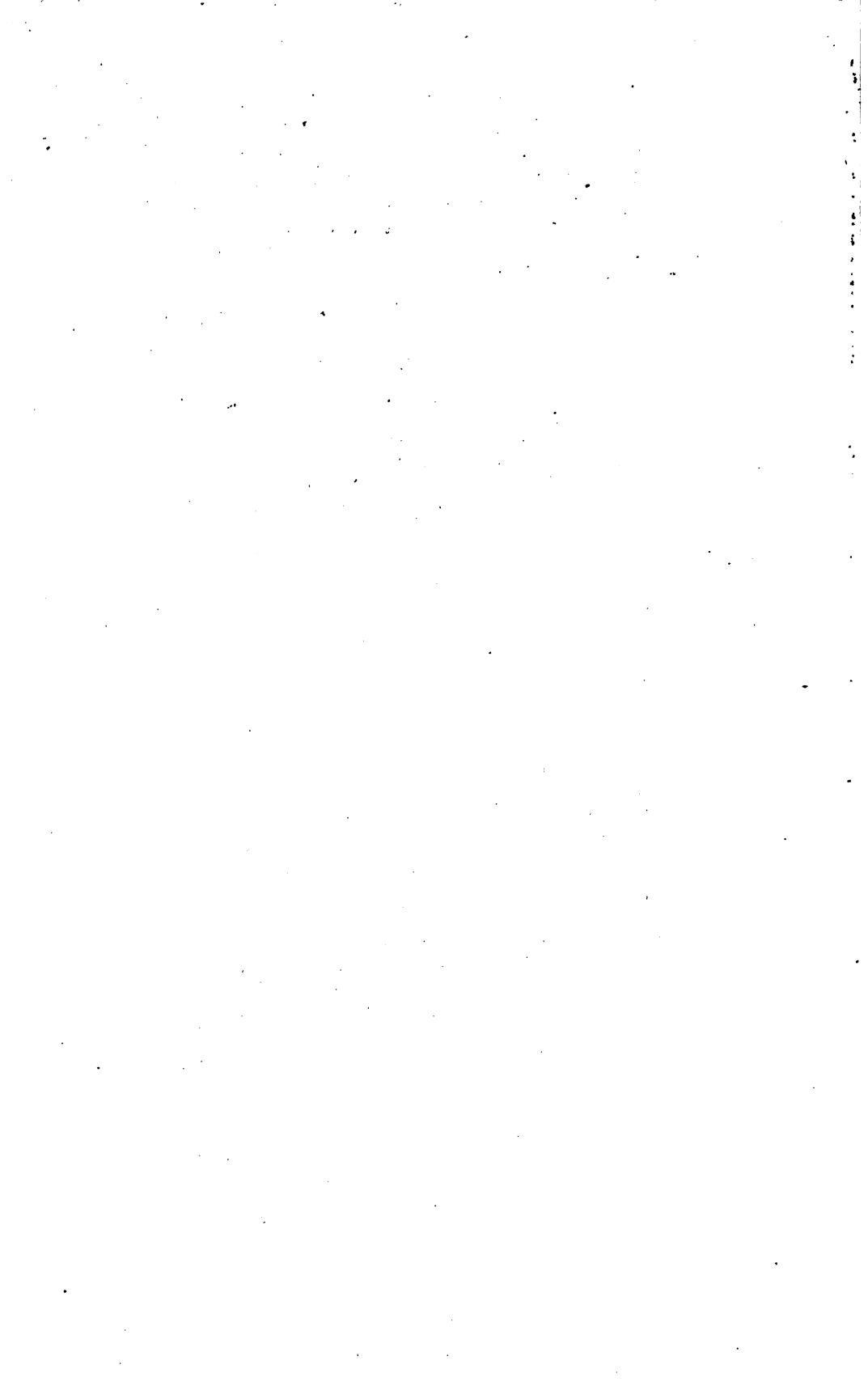












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